

**AGENDA**  
**SUBSTANCE ABUSE/PROBLEM GAMBLING PROGRAM LICENSURE COMMITTEE**  
**AUGUST 14, 2013      9:00 AM**  
**DIRECTOR'S CONFERENCE ROOM, 6<sup>TH</sup> FLOOR**  
**TELECONFERENCE**  
**LUCAS STATE OFFICE BUILDING,**  
**321 EAST 12<sup>TH</sup> STREET, DES MOINES, IOWA**

The mission of the Iowa State Board of Health Substance Abuse/Problem Gambling Program Licensure Committee is to approve or deny applications for licensure received from substance abuse programs pursuant to [Chapter 125](#) and gambling treatment programs pursuant to [Chapter 135](#) and to perform any other function authorized by chapter 125 or 135 and delegated to the committee. The committee also adopts rules consistent with the law for the protection of the public health and the prevention of substance abuse.

**CALL TO ORDER**

**ROLL CALL**

**I. Minutes**

- A. Approval of July 10, 2013 Minutes

**II. Substance Abuse/Problem Gambling Licensure – Jeff Gronstal, Bob Kerksieck**

A. Substance Abuse Licensure Recommendations

- 1. Three (3) Year License
  - a. ZION Recovery Services, Inc., Atlantic
- 2. 270 Day License
  - a. Central Iowa Psychological Services, Ames
  - b. Alcohol/Drug/DUI/OWI Services, Davenport
- 3. Deemed Status
  - a. Broadlawns Medical Center, Chemical Dependency Services, Des Moines
  - b. Children and Families of Iowa – Cornerstone Recovery, Des Moines
  - c. Prairie Ridge Addiction Treatment Services, Mason City
- 4. Special Report
  - a. Iowa Juvenile Home/State Training School for Girls, Toledo
- 5. Revocation
  - a. Help Clinic, Des Moines

**III. Proposed Changes to the Iowa Administrative Code – Jeff Gronstal, Kathy Stone**

**IV. Substance Abuse/Problem Gambling Update – Kathy Stone**



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

July 24, 2013

**RETURNED RECEIPT**

Laurie Cooley, Executive Director  
*ZION Recovery Services, Inc.*  
601 Walnut Street  
Atlantic, Iowa 50022

Dear Ms. Cooley:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the re-licensure on-site evaluation of *ZION Recovery Services, Inc.*, 601 Walnut Street, Atlantic, Iowa, on June 18-19, 2013. **A three (3) year license will be recommended to the Substance Abuse/Problem Gambling Program Licensure Committee.** We hope the enclosed report will be of assistance for continued and ongoing program improvement.

This report is composed of the following sections:

- Licensure Inspection Weighting Report;
- Licensure team's recommendations for licensure;
- Completed programmatic check list which identifies the degree of compliance with specific licensure standards; and,
- A summary of the inspectors' basis for areas found to be in non-compliance with the licensure standards.

Your application for re-licensure will be reviewed during the Committee's meeting on **August 14, 2013, at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> floor for the location of the meeting. ***Program representation is welcomed, but not required.*** If you have questions, please contact me at [Jeffrey.Gronstal@idph.iowa.gov](mailto:Jeffrey.Gronstal@idph.iowa.gov) or at (515) 242-6162.

Sincerely,

Jeff Gronstal  
Health Facilities Officer  
Bureau of Substance Abuse

JG/rrh  
encl.

cc: Jim Richardson, Board Chairperson  
Substance Abuse/Problem Gambling Program Committee

insprptevrltr 7-2013

IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH  
LICENSURE INSPECTION WEIGHTING REPORT  
FOR SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAMS

PROGRAM NAME: Zion Recovery Services, Atlantic, Iowa

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. For a two (2) year license, the program must receive at least a 90% rating in each of the three categories below. For a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION DATE: June 16, 2010

RECENT INSPECTION DATE: June 18-19, 2013

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A;

1. SUBSTANCE ABUSE TREATMENT PROGRAM   X
2. PROBLEM GAMBLING TREATMENT PROGRAM
3. COMBINED SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAM

CATEGORY			
CLINICAL STANDARDS	ITEMS VALUES	PREVIOUS REPORT	RECENT REPORT
Placement Screening	18	18	18
Treatment Plan	18	18	18
Progress Notes	12	11	12
Drug Screening	4	4	4
Medical Services	8	6	8
Management of Care	7	6	7
Quality Improvement	11	11	11
TOTAL	78	74	78

Three (3) years: 78 – 75 = 95%  
Two (2) years: 74 – 71 = 90%  
One (1) years: 70 – 50 = 70%  
Denial: 49 or below

Total Points Available: 78  
Total Points Received: 78  
Percent: 100.00 %

CATEGORY	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
ADMINISTRATIVE STANDARDS			
Governing Body	23	23	23
Executive Director	1	1	1
Clinical Oversight	4	4	4
Staff Training	20	20	20
Procedure Manual	4	3	4
Fiscal	4	4	4
Personnel	30	28	30
Child Abuse/Criminal Records	8	8	7
TOTAL	94	91	93

Three (3) years: 94 – 90 = 95%  
Two (2) years: 89 – 85 = 90%  
One (1) year: 84 – 66 = 70%  
Denial: 65 or below

Total Points Available: 94  
Total Points Received: 93  
Percent 98.93 %

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Client/Patient Case Records	34	33	34
Emergency Medical Services	4	4	4
Medication Control	11	12	11
Building Construction and Safety	10	11	10
Outpatient Services	4	4	4
Therapeutic environment	15	15	15
Inpatient, residential and halfway house services safety	8	8	8
Specific standards for inpatient, residential I and halfway house facilities	60	54	60
Religion and Culture	5		5
TOTAL	151	141	151

Three (3) years     $151 - 144 = 95\%$   
 Two (2) years:     $143 - 136 = 90\%$   
 One (1) year:      $135 - 106 = 70\%$   
 Denial:            105 or below

Total Points Available:    151  
 Total Points Received:    151  
 Percent:                    100.00 %

## IOWA DEPARTMENT OF PUBLIC HEALTH DIVISION OF BEHAVIORAL HEALTH LICENSURE INSPECTION REPORT

<b>PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:</b> ZION Recovery Services, Inc. 601 Walnut Street Atlantic, Iowa 50022 (712) 243-5091      FAX: (712) 243-1337		<b>E-Mail Address:</b> <a href="mailto:lcooley@zionrecovery.org">lcooley@zionrecovery.org</a>																									
<b>APPLICATION RECEIVED:</b> March 29, 2013		<b>COUNTIES SERVED:</b> Cass, Montgomery, Page, Fremont, Adair, Dallas																									
<b>DATE OF INSPECTION:</b> June 18-19, 2013		<b>TECHNICAL ASSISTANCE:</b> NA																									
<b>INSPECTORS:</b> Jeff Gronstal Robert Kerksieck																											
<b>SITE(S) VISITED:</b> 601 Walnut Street Atlantic, Iowa 50022																											
<b>STAFF:</b> <table border="0"> <tr> <td>Board Chairperson:</td> <td>Jim Richardson</td> <td>Medical Director:</td> <td>Pederson, ARNP</td> </tr> <tr> <td>Executive Director:</td> <td>Laurie Cooley</td> <td>Fiscal Director:</td> <td>Donald Bauerkemper</td> </tr> <tr> <td>Clinical Supervisor:</td> <td>Jaynie Heuton</td> <td>Trainer:</td> <td>Jaynie Heuton, Richard Mullen</td> </tr> </table>			Board Chairperson:	Jim Richardson	Medical Director:	Pederson, ARNP	Executive Director:	Laurie Cooley	Fiscal Director:	Donald Bauerkemper	Clinical Supervisor:	Jaynie Heuton	Trainer:	Jaynie Heuton, Richard Mullen													
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<b>SUMMARY OF SERVICES PROVIDED:</b> The program provides Adult levels I, II.1, III.1 and III.5 and Juvenile levels I and II.1 substance abuse treatment service																											
<b>CURRENT LICENSURE STATUS:</b> The program is currently operating on a three year license effective August 11, 2010 to August 11, 2013																											
<b>RECOMMENDATION:</b> It is recommended that the program be— <table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td>Issued a license for a period of three years effective</td> <td>August 11, 2013</td> <td>to</td> <td>August 11, 2016</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Issued a license for a period of two years effective</td> <td></td> <td>to</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Issued a license for a period of one year effective</td> <td></td> <td>to</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Issued a license for 270 days effective</td> <td></td> <td>to</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="4">Denied a license</td> </tr> </table>			<input checked="" type="checkbox"/>	Issued a license for a period of three years effective	August 11, 2013	to	August 11, 2016	<input type="checkbox"/>	Issued a license for a period of two years effective		to		<input type="checkbox"/>	Issued a license for a period of one year effective		to		<input type="checkbox"/>	Issued a license for 270 days effective		to		<input type="checkbox"/>	Denied a license			
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<b>PURPOSE:</b> Chapter 125 of the Code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.																											
<b>C</b> Full Compliance – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.																											
<b>NC</b> Non-Compliance – The program does not meet the intent of the standard. Point(s) not given/awarded.																											
<b>NA</b> Does Not Apply – The standard does not apply to the program. Point(s) not given/awarded.																											

### 641—155.5(4) Application Update or Revision

A. Since the last licensure visit, has the program notified the department 30 days prior to any change(s) of address of offices, facilities, or program locations; or additions or deletions of the type(s) of services or programs provided and licensed?

NA

## 641—155.21(1) Governing Body

Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and liability insurance.

A. Has the program designated a governing body responsible for overall program operations?

C

B. Do written by-laws define:

1. The powers and duties of the governing body;
2. Committees;
3. Advisory groups; and,
4. The executive director?

CCCC

C. Do written by-laws minimally specify;

1. Type of membership;
2. The term of appointment;
3. Frequency of meetings;
4. Attendance requirements; and,
5. The quorum necessary to transact business?

CCCCC

D. Are minutes of all meetings by the governing body kept?

C

Do the minutes include:

1. Date of the meeting;
2. Names of members attending;
3. Topics discussed;
4. Decisions reached and actions taken.

CCCC

E. Do the duties of the governing body include:

1. Appointment of a qualified executive director;
2. Establish controls to ensure quality services are delivered;
3. Review and approval of the annual budget; and,
4. Approve all contracts?

CCCC

F. Has the governing authority developed and approved the policies?

C

G. Is the governing authority responsible for all funds, equipment and the physical facilities?

C

H. Has the governing body prepared an annual report which includes:

1. Name, address, occupation and place of employment of each member;
2. Relationships a member of the governing authority may have with a program staff member;  
and,
3. The name and address of owners or controlling parties?

CNA

NA

I. Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?

C

<b>155.21(2) Executive Director</b>	
A. Has the governing body appointed an executive director whose qualifications and duties are delineated?	C _____
<b>155.21(3) Clinical Oversight</b>	
A. Does the program have appropriate clinical oversight provided in house or through consultation?	C _____
B. Does clinical oversight include:	
1. Assisting in development of clinical policies and procedures;	C _____
2. Assisting in the training of staff; and,	C _____
3. Assistance to clinical staff providing direct services.	C _____
<b>155.21(4) Staff Development and Training</b>	
A. Does the program have policies and procedures establishing a staff development and training program?	C _____
B. Is there documentation that staff are certified, licensed or have professional education?	C _____
C. Or oriented to include:	
1. Psychosocial;	C _____
2. Medical;	C _____
3. Pharmacological;	C _____
4. Confidentiality;	C _____
5. Tuberculosis and blood-borne pathogens;	C _____
6. HIV/AIDS;	C _____
7. Cultural specificity of diverse populations; and,	C _____
8. Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;	C _____
9. Counseling skill development; and,	C _____
10. Program and community resources?	C _____
D. Has the program established an on-site training program or entered into an agreement with outside resources meeting the identified ongoing training needs of the staff?	C _____
E. Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	C _____
F. Are in-service programs instituted when program operations or functions are changed?	C _____
G. Has the program conducted an annual training needs assessment?	C _____
H. Has the program developed an annual staff development training plan based on the needs assessment?	C _____
I. Are minutes of on-site training kept which include:	
1. Dates of the meeting;	C _____
2. Names of persons attending;	C _____
3. Topics discussed, including name and title of presenters.	C _____
<b>155.21(6) Procedures Manual</b>	
A. Has the program developed and maintained a policies and procedures manual?	C _____
B. Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	C _____
C. Does the manual have a working table of contents covering all policies and procedures?	C _____
D. Are revisions entered containing date, name and title of persons making the revisions?	C _____

<b>155.21(7) Fiscal Management</b>	
A. Does the program maintain an annual written budget which is reviewed and approved on an annual basis?	<u>C</u>
B. Has an independent fiscal audit been conducted on an annual basis?	<u>C</u>
C. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment?	<u>C</u>
D. Is the insurance program reviewed on an annual basis by the governing authority?	<u>C</u>
<b>155.21(8) Personnel</b>	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	<u>C</u>
2. Recruitment and selection of volunteers;	<u>C</u>
3. Wage and salary administration;	<u>C</u>
4. Promotions;	<u>C</u>
5. Employee benefits;	<u>C</u>
6. Working hours;	<u>C</u>
7. Vacation and sick leave;	<u>C</u>
8. Lines of authority;	<u>C</u>
9. Rules of conduct;	<u>C</u>
10. Disciplinary action and termination;	<u>C</u>
11. Methods for handling inappropriate client/patient care;	<u>C</u>
12. Work performance appraisal;	<u>C</u>
13. Employee accidents and safety;	<u>C</u>
14. Employee grievances; and,	<u>C</u>
15. Policy on staff persons suspected of using or abusing substances?	<u>C</u>
B. Does the program have an equal employment opportunity policy and affirmative action plan?	<u>C</u>
C. Does the program maintain written job descriptions describing the actual duties of the staff?	<u>C</u>
D. Are personnel performance evaluations performed on an annual basis?	<u>C</u>
E. Is the employee able to respond to the evaluation?	<u>C</u>
F. Are personnel records kept on each employee to include:	
1. Verification of training, experience and professional credentials;	<u>C</u>
2. Job performance evaluations;	<u>C</u>
3. Incident reports;	<u>C</u>
4. Disciplinary actions taken; and,	<u>C</u>
5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?	<u>C</u>
G. Does the program have written policies and procedures ensuring confidentiality of personnel records?	<u>C</u>
H. Is there evidence that all personnel providing screenings, evaluations, assessments and treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements?	<u>C</u>
I. Are there policies and procedures prohibiting sexual harassment?	<u>C</u>
J. Are there policies implementing the Americans with Disabilities Act?	<u>C</u>
K. Does the program maintain an accepted code of conduct for all staff?	<u>C</u>
L. Has the program notified the department in writing within ten working days when a certified or licensed staff member has been sanctioned or disciplined by a certifying or licensed body?	<u>C</u>



<b>155.21(9) Child Abuse/Dependent Adult Abuse/Criminal History Background Check</b>	
A. Does the program have written policies and procedures that specify procedures for child abuse and dependent adult abuse reporting that are in compliance with 42 CFR, Part 2?	C _____
B. Does the program have policies that prohibit mistreatment, neglect or abuse of children and dependent adults by staff that include:	
1. Reporting violations immediately to the director and Department of Human Services?	C _____
2. Subject an employee to dismissal if found in violation to the program's policies?	C _____
C. For employees working within a juvenile service area, or with dependent adults, do personnel records contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	C _____
2. A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;	C _____
3. Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	C _____
4. For staff members with a substantiated criminal or child or dependent adult abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS?	C _____
D. Have each clinical staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	NC _____
<b>155.21(10) Client/Patient Case Record Maintenance</b>	
A. Does the program have written policies and procedures governing client/patient case records that ensures:	
1. The program is responsible for protecting the client/patient record against loss, tampering or unauthorized disclosure of information, per HIPAA, Iowa Code Chapter 228 and 42 CFR, Part 2, as applicable;	C _____
2. Content and format of client/patient records are kept uniform; and,	C _____
3. Entries in the client/patient case record are signed and dated.	C _____
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	C _____
C. Are records readily accessible to authorized staff?	C _____
D. Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	C _____
E. Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable	
1. Does the format for the disclosure of client/patient information contain:	
a. The name of the program which is to make the disclosure;	C _____
b. The name, title, or organization to which the disclosure is to be made;	C _____
c. The name of the client/patient;	C _____
d. The purpose or need for the disclosure;	C _____
e. The information to be released;	C _____
f. Revocation statement;	C _____
g. The date the consent form is signed;	C _____
h. Space for the client/patient's signature; and,	C _____
i. Expiration date or condition?	C _____
2. Is the release signed prior to releasing information?	C _____
3. Is the client/patient informed of the information and purpose of the release prior to signing?	C _____
4. Did the client/patient sign the release voluntarily?	C _____
5. In the event that the program releases information without the client/patient's consent, did they follow proper procedures?	NA _____
6. Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?	NA _____



<p>F. Does the client/patient orientation contain:</p> <ol style="list-style-type: none"> <li>1. General nature and goals of the program;</li> <li>2. Client /patient conduct;</li> <li>3. Hours (non residential);</li> <li>4. Cost;</li> <li>5. Client /patient rights;</li> <li>6. Confidentiality;</li> <li>7. HIV/AIDS; and,</li> <li>8. Safety and emergency procedures for residential type services?</li> </ol>	<p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p>
<p><b>155.21(12) Treatment Plans</b></p>	
<p>A. Does the program have written policies and procedures that address treatment planning and reviews?</p> <p>B. Is the treatment plan based on the assessment?</p> <p>C. Is the substance abuse treatment plan developed within the time frame for this level of care?</p> <p>D. Is the problem gambling treatment plan developed within 30 days of admission, per 155.21(11)?</p> <p>E. Does the treatment plan minimally contain the following:</p> <ol style="list-style-type: none"> <li>1. a. Strength (here, or in the assessment)s;</li> <li>   b. Needs (here, or in the assessment);</li> <li>2. a. Short term goals;</li> <li>   b. Long term goals;</li> <li>3. a. Type of therapeutic activities;</li> <li>   b. Frequency of therapeutic activities;</li> <li>4. Staff person involved;</li> <li>5. Is the plan culturally and environmentally specific; and,</li> <li>6. Is the treatment plan developed in partnership with the client/patient and counselor?</li> </ol> <p>F. Are the client/patient and counselor reviews conducted within the time frames for this level of care?</p> <p>G. Do the reviews contain:</p> <ol style="list-style-type: none"> <li>1. Reassessment of the client/patient's current status;</li> <li>2. Redefining of treatment goals;</li> <li>3. Date of review; and,</li> <li>4. Individuals involved?</li> </ol> <p>H. Is the client/patient provided a copy of the treatment plan upon request?</p>	<p>C _____</p> <p>C _____</p> <p>C _____</p> <p>NA _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p>
<p><b>155.21(13) Progress Notes</b></p>	
<p>A. Does the program have written policies and procedures to address progress notes?</p> <p>B. Do the progress notes contain the following:</p> <ol style="list-style-type: none"> <li>1. Client's/patient's progress and current status in meeting treatment goals;</li> <li>2. Documentation of individual sessions;</li> <li>3. Documentation of group or group summaries;</li> <li>4. Notes filed in chronological order;</li> <li>5. Date of entry;</li> <li>6. Signature or initials and title;</li> <li>7. Entries with pen, type or computer (computer access code must be available);</li> <li>8. Entries are legible;</li> <li>9. Behavioral observations;</li> <li>10. An avoidance of inappropriate jargon; and,</li> <li>11. Are the notes uniform?</li> </ol>	<p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p>

<p><b>155.21(15) Drug Screening</b></p> <p>A. Does the program have written policies and procedures to conduct urine collection and drug testing? <u>C</u></p> <p>B. Are urine specimens collected under direct supervision, or the program shall have a policy in place to reduce the client/patient's ability to skew the test.? <u>C</u></p> <p>C. Does the program comply with all CLIA regulations? <u>C</u></p> <p>D. Does the client/patient record reflect the manner in which the urine test results are utilized in treatment? <u>C</u></p>	
<p><b>155.21(16) Medical Services</b></p> <p>A. Does the program have written policies and procedures to address medical services? <u>C</u></p> <p>B. Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission? <u>C</u></p> <p>C. Are physical and laboratory examinations performed within the appropriate time frame for the following:  1. Levels III.7 and V (24 hours of admission)? <u>NA</u>  2. Levels III.3 or III.5 (7 days of admission)? <u>C</u>  3. Level III.1 (21 days of admission)? <u>C</u></p> <p>D. Are physical, laboratory work and medical histories completed by referrals older than 90 days? <u>C</u></p> <p>E. Have all halfway house, residential, and inpatient clients/patients received a TB test to be administered and read within 72 hours of admission? <u>C</u></p> <p>F. Does the program ensure all staff and volunteers have a TB signs and symptoms screen before working with clients, an annual TB Signs and symptoms screen, and have baseline TB testing? <u>C</u></p> <p>G. Does the program conduct an annual TB risk assessment and ensure additional appropriate medical follow-up has been taken with all clients/patients and staff if TB exposure occurs? <u>C</u></p>	
<p><b>155.21(17) Emergency Medical Services</b></p> <p>A. Does the program have written policies and procedures that address emergency services? <u>C</u></p> <p>B. Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis? <u>C</u></p> <p>C. Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis? <u>C</u></p> <p>D. Does the program ensure that all community service providers, medical facilities, law enforcement agencies and other appropriate personnel are informed that the 24-hour emergency services and treatment are available? <u>C</u></p>	
<p><b>155.21(18) Medication Control</b></p> <p>A. Does the program have written policies and procedures that address medication control? <u>C</u></p> <p>B. Does the program maintain a list of qualified personnel authorized to administer medications? <u>NA</u></p> <p>C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration? <u>C</u></p> <p>D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician? <u>C</u></p> <p>E. Does the program maintain a dispensing log or document in the client/patient record all medications dispensed? <u>C</u></p>	

<p>F. Is the medication storage maintained as follows:</p> <ol style="list-style-type: none"> <li>1. In accordance with security requirements of federal, state, and local laws;</li> <li>2. Refrigerated, if required;</li> <li>3. Separated from food and other items;</li> <li>4. Stored in original containers; and,</li> <li>5. Are external substances stored separately from internal and injectable medications?</li> </ol> <p>G. Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?</p> <p>H. Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?</p>	<p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p>
<p><b>155.21(19) Management of Care</b></p>	
<p>A. Does the program have written policies and procedures to ensure proper utilization of the placement screening, continued service and discharge criteria?</p> <p>B. Is the program exercising proper utilization and effective use for levels of care in the following?</p> <ol style="list-style-type: none"> <li>1. Placement screening;</li> <li>2. Continued service reviews; and,</li> <li>3. Discharge reviews.</li> </ol> <p>C. Is the discharge planning started at the time of admission?</p> <p>D. Does the discharge plan address:</p> <ol style="list-style-type: none"> <li>1. Ongoing client/patient needs; and,</li> <li>2. Post treatment needs?</li> </ol>	<p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p>
<p><b>155.21(20) Quality Improvement</b></p>	
<p>A. Does the program have a written quality improvement plan?</p> <p>B. Does the written plan contain the following:</p> <ol style="list-style-type: none"> <li>1. Objectives;</li> <li>2. Organization;</li> <li>3. Scope; and,</li> <li>4. Mechanisms for oversight?</li> </ol> <p>C. Does the quality improvement plan address the following:</p> <ol style="list-style-type: none"> <li>1. Is all the information collected, screened by an individual or committee; and,</li> <li>2. Is the objective criteria utilized in development and application for ensuring client/patient care?</li> </ol> <p>D. Has the quality improvement program developed a corrective action plan when problems have been identified?</p> <p>E. Has the corrective action plan been followed until the problem has been resolved?</p> <p>F. Is the information used to detect trends, patterns of performance that affect more than one component?</p> <p>G. Is the quality improvement program evaluated at least annually?</p>	<p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p>

<b>155.21(21) Building Construction and Safety</b>	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	NA
B. During construction phases or alterations to buildings is:	
1. The level of life safety not diminished; and,	NA
2. Construction in compliance with all applicable federal, state, and local codes?	NA
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	NA
D. Does the program have written policies and procedures that provide for a safe environment for clients/patients, personnel and visitors that include:	
1. Orientation and review of facility-wide safety policies and practices;	C
2. A hazard surveillance program; and,	C
3. The process to dispose of bio-hazardous waste within the clinical service area?	C
E. All program areas:	
1. Are stairways, halls, and aisles:	
a. Of substantial non-slippery material;	C
b. Adequately lighted;	C
c. Free from obstruction; and,	C
d. Equipped with handrails on stairways?	C
2. Do radiators, registers, steam/hot water pipes, electrical outlets, and switches have protective covering, insulation and/or wall plates?	C
3. For juvenile facilities, are fuse boxes under lock and key or six feet above the floor?	NA
4. Do facilities have written procedures for handling and storage of hazardous materials?	C
5. Do facilities have policies and procedures for weapons removal?	C
6. Do swimming pools:	
a. Conform to state and local health and safety regulations; and,	NA
b. Ensure that adult supervision is provided when children use the pool?	NA
7. Do facilities have policies regarding fishing ponds, lakes, or any bodies of water located on or near the program and accessible to the client/patient?	NA
<b>155.21(22) Outpatient Facility</b>	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	C
1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;	C
2. Is the furniture in good repair; and,	C
3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?	C

<b>155.21(23) Therapeutic Environment</b>	
A. Does the program establish an environment that enhances the positive self-image of the clients/patient?	C _____
B. Do the grounds have adequate space for the program to carry out its stated goals?	C _____
C. When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?	C _____
D. Are services accessible to people with disabilities or does the program have written policies and procedures that describe how people with disabilities can gain access to necessary services?	C _____
E. Does the program comply with the Americans with Disabilities Act?	C _____
F. Is the reception/waiting room of adequate size with appropriate furniture and does it provide for confidentiality of clients/patients in session or receiving services?	C _____
G. Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	C _____
H. Does the program have written policies and procedures regarding chemical substances in the facility?	C _____
I. Does the program designate and identify specific smoking areas?	C _____
J. Underage tobacco:	
1. The program/person does not sell, give or otherwise supply any tobacco, tobacco products, or cigarettes to any person under 18 years of age; and,	C _____
2. A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.	C _____
K. Does the program has written policies and procedures that address:	
1. Informing client/patients of their legal and human rights at the time of admission;	C _____
2. Client/patient communication, opinions, or grievances with a mechanism for redress;	C _____
3. Prohibition of sexual harassment; and,	C _____
4. Client/patient rights to privacy?	C _____
<b>641 – 155.22(125) Inpatient, Residential and Halfway House Safety</b>	
<b>155.22(1) Health and Fire Safety Inspections</b>	
A. Does the program document compliance with state fire marshal's rules?	C _____
B. Are all offices where services are provided inspected on an annual basis by the state fire marshal or their designee?	C _____
C. Are food service operations inspected on an annual basis by the Department of Inspection and Appeals or their designee?	C _____
D. If used, are door locks or closed sections approved by the:	
1. Fire Marshal;	C _____
2. Professional staff; and,	C _____
3. Governing body?	C _____
<b>155.22(2) Emergency Preparedness</b>	
A. Does the program have a written emergency preparedness program?	C _____
B. Does the written plan provide for client/patient care to be continued during a crisis?	C _____

<b>641 – 155.23(125) Inpatient, Residential and Halfway House Service</b>	
<b>155.23(1) Hours of Operation</b>	
A. Does the program operate seven days a week, 24 hours a day?	<u>C</u>
<b>155.23(2) Meals</b>	
A. Does the program provide a minimum of three meals per day?	<u>C</u>
B. Does the program make provisions to make available necessary meals to clients/patients who are not present at meal time?	<u>C</u>
C. Are menus prepared in consultation with a dietitian?	<u>C</u>
D. If client/patients are allowed to prepare meals, does the program document conformity with commonly accepted procedures of hygiene for food preparation?	<u>C</u>
<b>155.23(3) Consultation With Counsel</b>	
A. Does the inpatient, residential, and halfway house program have policies and procedures that ensure clients/patients have an opportunity and access to consultation with legal counsel at any reasonable time?	<u>C</u>
<b>155.23(4) Visitation With Family and Friends</b>	
A. Do inpatient, residential, and halfway house programs have policies and procedures which ensure opportunities for continuing contact with family and friends?	<u>C</u>
B. If visiting opportunities are clinically contra-indicated are:	
1. They approved on an individual basis by the treatment supervisor;	<u>C</u>
2. They subject to review by the executive director;	<u>C</u>
3. The justification for restrictions documented in the client/patient record; and,	<u>C</u>
4. The restrictions evaluated for continuing therapeutic effectiveness every seven days by the treatment supervisor and primary counselor?	<u>C</u>
C. Are visiting hours conspicuously displayed at the facility?	<u>C</u>



<p><b>155.23(5) Telephone Use</b></p> <p>A. Does the inpatient, residential and halfway house program have policies and procedures which allow clients/patients to conduct private telephone conversations with family and friends?</p> <p>B. If telephone use is clinically contra-indicated are:</p> <ol style="list-style-type: none"> <li>1. They approved on an individual basis by the treatment supervisor;</li> <li>2. They subject to review by the executive director;</li> <li>3. The justification for restrictions documented in the client/patient record; and,</li> <li>4. The restrictions evaluated for continuing therapeutic effectiveness every seven days by the treatment supervisor and primary counselor?</li> </ol> <p>C. Is access to the telephone made available during reasonable hours as defined in policies and procedures?</p> <p>D. Are emergency calls received at the time of the call or made when necessary?</p> <p><b>155.23(6) Written Communication</b></p> <p>A. Does the inpatient, residential, halfway house program have policies and procedures that ensure that neither mail nor other communications to or from a client/patient may be intercepted, read, or censored?</p> <p><b>155.23(7) Facility</b></p> <p>A. Is the facility safe, clean, well-ventilated, properly heated, in good repair, and free from vermin and rodents?</p> <p>B. Do client/patient bedrooms include:</p> <ol style="list-style-type: none"> <li>1. A sturdily constructed bed;</li> <li>2. A clean mattress protected with a clean mattress pad;</li> <li>3. A designated space for personal possessions and for hanging clothing in proximity to the sleeping area; and,</li> <li>4. Bedroom windows with curtains or window blinds?</li> </ol> <p>C. Do sleeping areas include:</p> <ol style="list-style-type: none"> <li>1. Doors for privacy;</li> <li>2. Partitioning or placement of furniture to provide privacy for all clients/patients;</li> <li>3. The number of clients/patients in a room is appropriate to goals of the facility and to the ages, developmental levels, and clinical needs of the clients/patients;</li> <li>4. Are clients/patients allowed to keep and display personal belongings and add personal touches to the decoration of the room in accordance with program policy ; and,</li> <li>5. Do staff knock on the door of a client/patient's room before entering?</li> </ol> <p>D. Are clean linen, towels, and washcloths available minimally on a weekly basis and more often as needed?</p>	<p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p>
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E.	Do bathrooms provide residents with facilities necessary for personal hygiene and personal privacy, including:	C _____
	1. A safe supply of hot and cold running water which is potable;	C _____
	2. Clean towels, electric hand dryers or paper towel dispensers, and an available supply of toilet paper and soap;	C _____
	3. Natural or mechanical ventilation capable of removing odors;	C _____
	4. Tubs or showers shall have slip-proof surfaces;	C _____
	5. Partitions or doors which provide privacy if a bathroom has multiple toilet stools;	C _____
	6. Toilets, wash basins, and other plumbing or sanitary facilities maintained in good operating condition;	C _____
	7. A ratio of bathroom facilities to residents of one tub or shower per 12 residents, one wash basin per 12 residents, and one toilet per eight residents; and,	C _____
	8. If the facility is coeducational, does the program designate and so identify separate bathrooms for male and female clients/patients?	C _____
F.	Is there a written plan outlining procedures to be followed in the event of fire or tornado?	C _____
	1. Are these plans conspicuously displayed on each floor or dormitory area that clients/patients, residents, or visitors occupy at the facility;	C _____
	2. Are these plans explained to all inpatient, residential, and halfway house clients/patients as part of their orientation;	C _____
	3. Fire drills are conducted at least monthly; and,	C _____
	4. Tornado drills are conducted during the tornado season from April through October?	C _____
G.	Are written reports of annual inspections by state or local fire safety officials maintained with records of corrective action taken?	C _____
H.	Is smoking prohibited in bedrooms?	C _____
I.	Does the facility have an adequate water supply from an approved source or a private water source that is tested annually?	C _____
J.	Does the facility allow for the following:	C _____
	1. Areas in which a client/patient may be alone when appropriate; and,	C _____
	2. Areas for private conversations with others?	C _____
K.	Are articles of grooming and personal hygiene appropriate to the client/patient's age, developmental level, and clinical state readily available in a space reserved near the client/patient's sleeping area?	C _____
	1. If access to potentially dangerous grooming aids or other personal articles is contra-indicated does a member of the professional staff explain to the client/patient the conditions under which the articles may be used?	C _____
	2. Is the clinical rationale for these conditions documented in the client/patient's case record?	C _____
L.	If clients/patients take responsibility for maintaining their own living quarters and for day-to-day house-keeping of the program, are these responsibilities:	C _____
	1. Clearly defined in writing;	C _____
	2. Part of the client/patient's orientation program; and,	C _____
	3. Is staff assistance and equipment provided as needed?	C _____
M.	Clothing:	C _____
	1. Are clients/patients allowed to wear their own clothing in accordance with program rules;	C _____
	2. If clothing is provided by program, is it suited to the climate and appropriate; and,	C _____
	3. Is a laundry room accessible so clients/patients may wash their clothing?	C _____
N.	Does the program ensure that the use and location of noise-producing equipment and appliances, such as television sets, radios, and record players does not interfere with clinical and therapeutic activities?	C _____
O.	Does the program provide recreation and outdoor activities, unless contra-indicated for therapeutic reasons?	C _____

<b>155.23(8) Religion-Culture</b>	
A. Does the inpatient, residential and halfway house program have a written description of its religious orientation, particular religious practices that are observed, and any religious restrictions?	<u>C</u>
B. Are there written descriptions provided to the parent(s) or guardian, and the placing agency at the time of admission in compliance with 42CFR and HIPAA?	<u>C</u>
C. Is the information available to adults during orientation?	<u>C</u>
D. Do client/patients have the opportunity to participate in religious activities and services in accordance with the client/patients own faith or that of a minor client/patients parent (s) or guardian?	<u>C</u>
E. Does the facility provide/arrange for when necessary and reasonable, transportation for religious activities?	<u>C</u>

ZION Recovery Services, Inc.  
601 Walnut Street  
Atlantic, Iowa 50022

Inspection date: June 18-19, 2013

## JUSTIFICATION OF VARIANCE

### **155.21(9) Child Abuse/Dependent Adult Abuse**

- D. Child Abuse/Dependent Adult Abuse was in non-compliance because the program did not document required training for all staff.



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

July 17, 2013

**RETURNED RECEIPT**

Robert Thacker, Program Director  
*Central Iowa Psychological Services*  
319 Lincoln Way  
Ames, Iowa 50010

Dear Mr. Thacker:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the initial on-site inspection of *Central Iowa Psychological Services*, 319 Lincoln Way, Ames, Iowa on July 11, 2013. **A 270-day license will be recommended to the Substance Abuse/Problem Gambling Program Licensure Committee.** We hope the enclosed report will be of assistance for continued and ongoing program improvement.

This report is composed of the following sections:

- Licensure Inspection Weighting Report;
- Licensure team's recommendations for licensure;
- Completed programmatic check list which identifies the degree of compliance with specific licensure standards; and,
- A summary of the inspectors' basis for areas found to be in non-compliance with the licensure standards.

Your application for licensure will be reviewed during the Committee's meeting on **August 14, 2013 at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> floor for the location of the meeting. ***Program representation is welcomed, but not required.*** If you have questions, please contact me at [Robert.Kerksieck@idph.iowa.gov](mailto:Robert.Kerksieck@idph.iowa.gov) or at (515) 281-3347.

Sincerely,

Bob Kerksieck  
Health Facilities Surveyor  
Bureau of Substance Abuse

BK/rrh  
encl.

cc: Warren Phillips, Board Chairperson  
Substance Abuse/Problem Gambling Program Committee

270 insprptcvrltr 7-2013

IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH  
LICENSURE INSPECTION WEIGHTING REPORT  
FOR SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAMS

PROGRAM NAME: Central Iowa Psychological Services

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. For a two (2) year license, the program must receive at least a 90% rating in each of the three categories below. For a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION DATE: NA

RECENT INSPECTION DATE: July 11, 2013

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A;

1. SUBSTANCE ABUSE TREATMENT PROGRAM X
2. PROBLEM GAMBLING TREATMENT PROGRAM
3. COMBINED SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAM

CLINICAL STANDARDS	ITEMS VALUES	RECENT REPORT
Placement Screening	3	3
Treatment Plan	1	1
Progress Notes	1	1
Urinalysis	1	1
Medical Services	1	1
Management of Care	1	1
Quality Improvement	5	5
TOTAL	<u>13</u>	<u>13</u>

Three (3) years:  $13.00 - 12.35 = 95\%$

Two (2) years:  $12.34 - 11.70 = 90\%$

One (1) year:  $11.69 - 9.10 = 70\%$

Denial: 9.09 or below

Total Points Available: 13

Total Points Received: 13

Percent 100.00%

CATEGORY ADMINISTRATIVE STANDARDS	ITEMS VALUE	CURRENT REPORT
Application Update or Revision	0	0
Governing Body	25	25
Executive Director	1	1
Clinical Oversight	2	2
Staff Training	1	1
Management Info System	0	0
Procedure Manual	4	4
Fiscal	2	2
Personnel	20	20
Child Abuse/Criminal Records	3	3
TOTAL	<u>58</u>	<u>58</u>

Three (3) years  $58 - 56 = 95\%$

Two (2) years:  $55 - 53 = 90\%$

One (1) year:  $52 - 41 = 70\%$

Denial: 40 or below

Total Points Available: 58

Total Points Received: 58

Percent: 100.00%

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	CURRENT REPORT
Client/Patient Case Records	3	3
Emergency Medical Services	4	4
Medication Control	1	1
Building Construction and Safety	10	10
Outpatient Services	4	3
Therapeutic environment	14	13
TOTAL	36	34

Three (3) years:  $36 - 35 = 95\%$   
 Two (2) years:  $34 - 33 = 90\%$   
 One (1) year:  $32 - 26 = 70\%$   
 Denial: 25 or below

Total Points Available: 36  
 Total Points Received: 36  
 Percent 100.00 %

IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH  
LICENSURE INSPECTION REPORT

<b>PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:</b> Central Iowa Psychological Services 319 Lincoln Way – New location July 26, 2013 will be 223 S. Walnut Ave. Ames, Iowa, 50010 515-233-1122 FAX: 515-233-6510 E-Mail: Address: <a href="mailto:bobt_56@hotmail.com">bobt_56@hotmail.com</a>
<b>APPLICATION RECEIVED:</b> Materials received May 10, May 31 and June 17, 2013 <b>COUNTIES SERVED:</b> Boone, Hamilton, Hardin, Marshall, Polk and Story <b>DATE OF INSPECTION:</b> July 11, 2013
<b>INSPECTOR:</b> Bob Kerksieck
<b>SITE(S) VISITED:</b> Central Iowa Psychological Services 319 Lincoln Way Ames, Iowa, 50010
<b>STAFF:</b> Board Chairperson: NA Executive Director: Warren Phillips Program Director: Robert Thacker
<b>SUMMARY OF SERVICES PROVIDED:</b> Assessment and Evaluation, Level I and Level II.1 for Adults and Adolescents.
<b>CURRENT LICENSURE STATUS:</b> Initial Application.
<b>RECOMMENDATION:</b> It is recommended that the program be— <input type="checkbox"/> Issued a license for a period of three years effective _____ to _____ <input type="checkbox"/> Issued a license for a period of two years effective _____ to _____ <input type="checkbox"/> Issued a license for a period of one year effective _____ to _____ <input checked="" type="checkbox"/> Issued a license for 270 days effective August 14, 2014 to May 11, 2014 <input type="checkbox"/> Denied a license
<b>PURPOSE:</b> Chapter 125 of the Code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.
<b>C</b> Full Compliance – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded. <b>NC</b> Non-Compliance – The program does not meet the intent of the standard. Point(s) not given/awarded. <b>NA</b> Does Not Apply – The standard does not apply to the program. Point(s) not given/awarded.



<b>641—155.5(4) Application Update or Revision</b>  A. Since the last licensure visit, has the program notified the department 30 days prior to any change(s) of address of offices, facilities, or program locations; or additions or deletions of the type(s) of services or programs provided and licensed?	NA
<b>641—155.21(1) Governing Body</b>  Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and liability insurance.  A. Has the program designated a governing body responsible for overall program operations?  B. Do written by-laws define: 1. The powers and duties of the governing body; 2. Committees; 3. Advisory groups; and, 4. The executive director?  C. Do written by-laws minimally specify; 1. Type of membership; 2. The term of appointment; 3. Frequency of meetings; 4. Attendance requirements; and, 5. The quorum necessary to transact business?  D. Are minutes of all meetings by the governing body kept? Do the minutes include: 1. Date of the meeting; 2. Names of members attending; 3. Topics discussed; 4. Decisions reached and actions taken.  E. Do the duties of the governing body include: 1. Appointment of a qualified executive director; 2. Establish controls to ensure quality services are delivered; 3. Review and approval of the annual budget; and, 4. Approve all contracts?  F. Has the governing authority developed and approved the policies?  G. Is the governing authority responsible for all funds, equipment and the physical facilities?  H. Has the governing body prepared an annual report which includes: 1. Name, address, occupation and place of employment of each member; 2. Relationships a member of the governing authority may have with a program staff member; and, 3. The name and address of owners or controlling parties?  I. Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	NA  C  C C C  C C C C C  C C C C  C C C C  C  C  C  C

<b>155.21(2) Executive Director</b>		
A.	Has the governing body appointed an executive director whose qualifications and duties are delineated?	C
<b>155.21(3) Clinical Oversight</b>		
A.	Does the program have appropriate clinical oversight provided in house or through consultation?	C
B.	Does clinical oversight include:	C
	1. Assisting in development of clinical policies and procedures;	NA
	2. Assisting in the training of staff; and,	NA
	3. Assistance to clinical staff providing direct services.	NA
<b>155.21(4) Staff Development and Training</b>		
A.	Does the program have policies and procedures establishing a staff development and training program?	C
B.	Is there documentation that staff are certified, licensed or have professional education?	NA
C.	Or oriented to include:	NA
	1. Psychosocial;	NA
	2. Medical;	NA
	3. Pharmacological;	NA
	4. Confidentiality;	NA
	5. Tuberculosis and blood-borne pathogens;	NA
	6. HIV/AIDS;	NA
	7. Cultural specificity of diverse populations; and,	NA
	8. Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;	NA
	9. Counseling skill development; and,	NA
	10. Program and community resources?	NA
D.	Has the program established an on-site training program or entered into an agreement with outside resources meeting the identified ongoing training needs of the staff?	NA
E.	Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	NA
F.	Are in-service programs instituted when program operations or functions are changed?	NA
G.	Has the program conducted an annual training needs assessment?	NA
H.	Has the program developed an annual staff development training plan based on the needs assessment?	NA
I.	Are minutes of on-site training kept which include:	NA
	1. Dates of the meeting;	NA
	2. Names of persons attending;	NA
	3. Topics discussed, including name and title of presenters.	NA
<b>155.21.(5) Management Information System</b>		
A.	Does the program submit client/patient data to the Department in accordance with reporting system procedures?	NA
<b>155.21(6) Procedures Manual</b>		
A.	Has the program developed and maintained a policies and procedures manual?	C
B.	Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	C
C.	Does the manual have a working table of contents covering all policies and procedures?	C
D.	Are revisions entered containing date, name and title of persons making the revisions?	C

<b>155.21(7) Fiscal Management</b>	
A. Does the program maintain an annual written budget which is reviewed and approved on an annual basis?	NA
B. Has an independent fiscal audit been conducted on an annual basis?	NA
C. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment?	C
D. Is the insurance program reviewed on an annual basis by the governing authority?	C
<b>155.21(8) Personnel</b>	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	C
2. Recruitment and selection of volunteers;	C
3. Wage and salary administration;	C
4. Promotions;	C
5. Employee benefits;	C
6. Working hours;	C
7. Vacation and sick leave;	C
8. Lines of authority;	C
9. Rules of conduct;	C
10. Disciplinary action and termination;	C
11. Methods for handling inappropriate client/patient care;	C
12. Work performance appraisal;	C
13. Employee accidents and safety;	C
14. Employee grievances; and,	C
15. Policy on staff persons suspected of using or abusing substances?	C
B. Does the program have an equal employment opportunity policy and affirmative action plan?	C
C. Does the program maintain written job descriptions describing the actual duties of the staff?	NA
D. Are personnel performance evaluations performed on an annual basis?	NA
E. Is the employee able to respond to the evaluation?	NA
F. Are personnel records kept on each employee to include:	
1. Verification of training, experience and professional credentials;	NA
2. Job performance evaluations;	NA
3. Incident reports;	NA
4. Disciplinary actions taken; and,	NA
5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?	NA
G. Does the program have written policies and procedures ensuring confidentiality of personnel records?	C
H. Is there evidence that all personnel providing screenings, evaluations, assessments and treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements?	NA
I. Are there policies and procedures prohibiting sexual harassment?	C
J. Are there policies implementing the Americans with Disabilities Act?	C
K. Does the program maintain an accepted code of conduct for all staff?	C
L. Has the program notified the department in writing within ten working days when a certified or licensed staff member has been sanctioned or disciplined by a certifying or licensed body?	NA

<b>155.21(9) Child Abuse/Dependent Adult Abuse/Criminal History Background Check</b>	
A. Does the program have written policies and procedures that specify procedures for child abuse and dependent adult abuse reporting that are in compliance with 42 CFR, Part 2?	C _____
B. Does the program have policies that prohibit mistreatment, neglect or abuse of children and dependent adults by staff that include:	
1. Reporting violations immediately to the director and Department of Human Services?	C _____
2. Subject an employee to dismissal if found in violation to the program's policies?	C _____
C. For employees working within a juvenile service area, or with dependent adults, do personnel records contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	NA _____
2. A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;	NA _____
3. Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	NA _____
4. For staff members with a substantiated criminal or child or dependent adult abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS?	NA _____
D. Have each clinical staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	NA _____
<b>155.21(10) Client/Patient Case Record Maintenance</b>	
A. Does the program have written policies and procedures governing client/patient case records that ensures:	
1. The program is responsible for protecting the client/patient record against loss, tampering or unauthorized disclosure of information, per HIPAA, Iowa Code Chapter 228 and 42 CFR, Part 2, as applicable;	C _____
2. Content and format of client/patient records are kept uniform; and,	C _____
3. Entries in the client/patient case record are signed and dated.	NA _____
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	NA _____
C. Are records readily accessible to authorized staff?	NA _____
D. Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	C _____
E. Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable	
1. Does the format for the disclosure of client/patient information contain:	
a. The name of the program which is to make the disclosure;	NA _____
b. The name, title, or organization to which the disclosure is to be made;	NA _____
c. The name of the client/patient;	NA _____
d. The purpose or need for the disclosure;	NA _____
e. The information to be released;	NA _____
f. Revocation statement;	NA _____
g. The date the consent form is signed;	NA _____
h. Space for the client/patient's signature; and,	NA _____
i. Expiration date or condition?	NA _____
2. Is the release signed prior to releasing information?	NA _____
3. Is the client/patient informed of the information and purpose of the release prior to signing?	NA _____
4. Did the client/patient sign the release voluntarily?	NA _____
5. In the event that the program releases information without the client/patient's consent, did they follow proper procedures?	NA _____
6. Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?	NA _____

<p>F. A licensee who provides services via electronic media shall inform the client/patient of the limitations and risks associated with such services and shall document in the client/patient case record that such notice has been provided.</p> <p>G. Upon receipt of a properly executed written release of information signed by the client/patient, the program shall release client/patient records in a timely manner, except as allowed 641—subrule 157.3(1), “Notice Iowa Code 321J—Confidential Medical Record,” reporting screening, evaluation, and treatment completion, if payment has not been received for such services.</p>	<p>NA</p> <p>NA</p>
<p><b>155.21(14) Client/Patient Case Record Contents</b></p> <p>A. Does the client/patient case record contain:</p> <ol style="list-style-type: none"> <li>1. Physical examination and lab tests; and,</li> <li>2. Placement screening and admission forms;</li> <li>3. Reports from referral sources;</li> <li>4. Treatment plans;</li> <li>5. Continued service and discharge reviews;</li> <li>6. Medication records;</li> <li>7. Reports from outside resources;</li> <li>8. Multidisciplinary staffing notes;</li> <li>9. Correspondence related to the client/patient (letters, phone calls, etc.);</li> <li>10. Treatment consent forms, if applicable;</li> <li>11. Release forms;</li> <li>12. Progress notes;</li> <li>13. Records of service provided;</li> <li>14. Discharge summaries;</li> <li>15. Management information system, and</li> <li>16. Records of financial counseling services for problem gambling clients, including,</li> <li>17. A.A budget, and</li> <li>18. B. Discussing financial debt options, including restitution and bankruptcy.</li> </ol>	<p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p>
<p><b>155.21(11) Placement Screening, Admission and Assessment Records Reviewed</b></p> <p>A. Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?</p> <p>B. Does the placement screening process contain:</p> <ol style="list-style-type: none"> <li>1. Information gathered upon screening or admission;</li> <li>2. Procedures to be followed when accepting referrals from outside resources;</li> <li>3. Records kept on individuals applying for services; and,</li> <li>4. Evaluates the ASAM 6 categories or other approved criteria for substance abuse?</li> <li>5. Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?</li> <li>6. Is the program utilizing a recognized diagnostic tool to determine pathological gambling as defined by DSM-IV, or any DSM IV criteria to determine problem gambling?</li> </ol> <p>C. Does the admission process contain:</p> <ol style="list-style-type: none"> <li>1. An overall assessment of the information gathered; and,</li> <li>2. Conducted within the time frame for this substance abuse level of care?</li> <li>3. Conducted within 30 days for problem gambling clients/patients?</li> </ol> <p>D. Is there sufficient information collected in order to develop a treatment plan?</p> <p>E. Are the results of the admission process explained to the client/patient and family?</p>	<p>C</p> <p>C</p> <p>C</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p>

<p>F. Does the client/patient orientation contain:</p> <ol style="list-style-type: none"> <li>1. General nature and goals of the program;</li> <li>2. Client /patient conduct;</li> <li>3. Hours (non residential);</li> <li>4. Cost;</li> <li>5. Client /patient rights;</li> <li>6. Confidentiality;</li> <li>7. HIV/AIDS; and,</li> <li>8. Safety and emergency procedures for residential type services?</li> </ol>	<p>NA _____  NA _____  NA _____  NA _____  NA _____  NA _____  NA _____</p>
<p><b>155.21(12) Treatment Plans</b></p>	
<p>A. Does the program have written policies and procedures that address treatment planning and reviews?</p> <p>B. Is the treatment plan based on the assessment?</p> <p>C. Is the substance abuse treatment plan developed within the time frame for this level of care?</p> <p>D. Is the problem gambling treatment plan developed within 30 days of admission, per 155.21(11)?</p> <p>E. Does the treatment plan minimally contain the following:</p> <ol style="list-style-type: none"> <li>1. a. Strength (here, or in the assessment)s;</li> <li>    b. Needs (here, or in the assessment);</li> <li>2. a. Short term goals;</li> <li>    b. Long term goals;</li> <li>3. a. Type of therapeutic activities;</li> <li>    b. Frequency of therapeutic activities;</li> <li>4. Staff person involved;</li> <li>5. Is the plan culturally and environmentally specific; and,</li> <li>6. Is the treatment plan developed in partnership with the client/patient and counselor?</li> </ol> <p>F. Are the client/patient and counselor reviews conducted within the time frames for this level of care?</p> <p>G. Do the reviews contain:</p> <ol style="list-style-type: none"> <li>1. Reassessment of the client/patient's current status;</li> <li>2. Redefining of treatment goals;</li> <li>3. Date of review; and,</li> <li>4. Individuals involved?</li> </ol> <p>H. Is the client/patient provided a copy of the treatment plan upon request?</p>	<p>C _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p>
<p><b>155.21(13) Progress Notes</b></p>	
<p>A. Does the program have written policies and procedures to address progress notes?</p> <p>B. Do the progress notes contain the following:</p> <ol style="list-style-type: none"> <li>1. Client's/patient's progress and current status in meeting treatment goals;</li> <li>2. Documentation of individual sessions;</li> <li>3. Documentation of group or group summaries;</li> <li>4. Notes filed in chronological order;</li> <li>5. Date of entry;</li> <li>6. Signature or initials and title;</li> <li>7. Entries with pen, type or computer (computer access code must be available);</li> <li>8. Entries are legible;</li> <li>9. Behavioral observations;</li> <li>10. An avoidance of inappropriate jargon; and,</li> <li>11. Are the notes uniform?</li> </ol>	<p>C _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p>

<b>155.21(15) Drug Screening</b>	
A. Does the program have written policies and procedures to conduct urine collection and drug testing?	<u>C</u>
B. Are urine specimens collected under direct supervision, or the program shall have a policy in place to reduce the client/patient's ability to skew the test.?	<u>NA</u>
C. Does the program comply with all CLIA regulations?	<u>NA</u>
D. Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	<u>NA</u>
<b>155.21(16) Medical Services</b>	
A. Does the program have written policies and procedures to address medical services?	<u>C</u>
B. Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission?	<u>NA</u>
C. Are physical and laboratory examinations performed within the appropriate time frame for the following: 1. Levels III.7 and V (24 hours of admission)? 2. Levels III.3 or III.5 (7 days of admission)? 3. Level III.1 (21 days of admission)?	<u>NA</u> <u>NA</u> <u>NA</u>
D. Are physical, laboratory work and medical histories completed by referrals older than 90 days?	<u>NA</u>
E. Have all halfway house, residential, and inpatient clients/patients received a TB test to be administered and read within 72 hours of admission?	<u>NA</u>
F. Does the program ensure all staff and volunteers have a TB signs and symptoms screen before working with clients, an annual TB Signs and symptoms screen, and have baseline TB testing?	<u>NA</u>
G. Does the program conduct an annual TB risk assessment and ensure additional appropriate medical follow-up has been taken with all clients/patients and staff if TB exposure occurs?	<u>NA</u>
<b>155.21(17) Emergency Medical Services</b>	
A. Does the program have written policies and procedures that address emergency services?	<u>C</u>
B. Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis?	<u>C</u>
C. Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis?	<u>C</u>
D. Does the program ensure that all community service providers, medical facilities, law enforcement agencies and other appropriate personnel are informed that the 24-hour emergency services and treatment are available?	<u>C</u>
<b>155.21(18) Medication Control</b>	
A. Does the program have written policies and procedures that address medication control?	<u>C</u>
B. Does the program maintain a list of qualified personnel authorized to administer medications?	<u>NA</u>
C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	<u>NA</u>
D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	<u>NA</u>
E. Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	<u>NA</u>

<p>F. Is the medication storage maintained as follows:</p> <ol style="list-style-type: none"> <li>1. In accordance with security requirements of federal, state, and local laws;</li> <li>2. Refrigerated, if required;</li> <li>3. Separated from food and other items;</li> <li>4. Stored in original containers; and,</li> <li>5. Are external substances stored separately from internal and injectable medications?</li> </ol> <p>G. Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?</p> <p>H. Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?</p>	<p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p>
<p><b>155.21(19) Management of Care</b></p>	
<p>A. Does the program have written policies and procedures to ensure proper utilization of the placement screening, continued service and discharge criteria?</p> <p>B. Is the program exercising proper utilization and effective use for levels of care in the following?</p> <ol style="list-style-type: none"> <li>1. Placement screening;</li> <li>2. Continued service reviews; and,</li> <li>3. Discharge reviews.</li> </ol> <p>C. Is the discharge planning started at the time of admission?</p> <p>D. Does the discharge plan address:</p> <ol style="list-style-type: none"> <li>1. Ongoing client/patient needs; and,</li> <li>2. Post treatment needs?</li> </ol>	<p>C _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p>
<p><b>155.21(20) Quality Improvement</b></p>	
<p>A. Does the program have a written quality improvement plan?</p> <p>B. Does the written plan contain the following:</p> <ol style="list-style-type: none"> <li>1. Objectives;</li> <li>2. Organization;</li> <li>3. Scope; and,</li> <li>4. Mechanisms for oversight?</li> </ol> <p>C. Does the quality improvement plan address the following:</p> <ol style="list-style-type: none"> <li>1. Is all the information collected, screened by an individual or committee; and,</li> <li>2. Is the objective criteria utilized in development and application for ensuring client/patient care?</li> </ol> <p>D. Has the quality improvement program developed a corrective action plan when problems have been identified?</p> <p>E. Has the corrective action plan been followed until the problem has been resolved?</p> <p>F. Is the information used to detect trends, patterns of performance that affect more than one component?</p> <p>G. Is the quality improvement program evaluated at least annually?</p>	<p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>C _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p> <p>NA _____</p>



<b>155.21(21) Building Construction and Safety</b>	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	NA
B. During construction phases or alterations to buildings is:	
1. The level of life safety not diminished; and,	NA
2. Construction in compliance with all applicable federal, state, and local codes?	NA
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	NA
D. Does the program have written policies and procedures that provide for a safe environment for clients/patients, personnel and visitors that include:	
1. Orientation and review of facility-wide safety policies and practices;	C
2. A hazard surveillance program; and,	C
3. The process to dispose of bio-hazardous waste within the clinical service area?	C
E. All program areas:	
1. Are stairways, halls, and aisles:	
a. Of substantial non-slippery material;	C
b. Adequately lighted;	C
c. Free from obstruction; and,	C
d. Equipped with handrails on stairways?	C
2. Do radiators, registers, steam/hot water pipes, electrical outlets, and switches have protective covering, insulation and/or wall plates?	C
3. For juvenile facilities, are fuse boxes under lock and key or six feet above the floor?	NA
4. Do facilities have written procedures for handling and storage of hazardous materials?	C
5. Do facilities have policies and procedures for weapons removal?	C
6. Do swimming pools:	
a. Conform to state and local health and safety regulations; and,	NA
b. Ensure that adult supervision is provided when children use the pool?	NA
7. Do facilities have policies regarding fishing ponds, lakes, or any bodies of water located on or near the program and accessible to the client/patient?	NA
<b>155.21(22) Outpatient Facility</b>	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	C
1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;	C
2. Is the furniture in good repair; and,	C
3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?	NC

155.21(23) Therapeutic Environment	
A. Does the program establish an environment that enhances the positive self-image of the clients/patient?	C
B. Do the grounds have adequate space for the program to carry out its stated goals?	C
C. When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?	NA
D. Are services accessible to people with disabilities or does the program have written policies and procedures that describe how people with disabilities can gain access to necessary services?	C
E. Does the program comply with the Americans with Disabilities Act?	C
F. Is the reception/waiting room of adequate size with appropriate furniture and does it provide for confidentiality of clients/patients in session or receiving services?	C
G. Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	C
H. Does the program have written policies and procedures regarding chemical substances in the facility?	C
I. Does the program designate and identify specific smoking areas?	NC
J. Underage tobacco:	
1. The program/person does not sell, give or otherwise supply any tobacco, tobacco products, or cigarettes to any person under 18 years of age; and,	C
2. A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.	C
K. Does the program has written policies and procedures that address:	
1. Informing client/patients of their legal and human rights at the time of admission;	C
2. Client/patient communication, opinions, or grievances with a mechanism for redress;	C
3. Prohibition of sexual harassment; and,	C
4. Client/patient rights to privacy?	C

Central Iowa Psychological Services  
319 Lincoln Way  
Ames, Iowa, 50010

Date of Inspection: July 11, 2013

## **JUSTIFICATION OF VARIANCE**

### **155.21(22) Outpatient Facility**

- A.3. Outpatient Facility was in non-compliance because the program did not conspicuously display a written plan outlining procedures in the event of fire or tornado.

### **155.21(23) Therapeutic Environment**

- I. Therapeutic Environment was in non-compliance because the program did not designate and identify specific smoking or non-smoking areas.



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

July 25, 2013

**RETURNED RECEIPT**

JoAnn C. Milani, Ph.D., Executive Director  
*Alcohol/Drug/DUI/OWI Services*  
1503 Brady Street  
Davenport, Iowa 52803

Dear Dr. Milani:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the initial on-site inspection of *Alcohol/Drug/DUI/OWI Services*, 1503 Brady Street, Davenport, Iowa on July 9, 2013. **A 270-day license will be recommended to the Substance Abuse/Problem Gambling Program Licensure Committee.** We hope the enclosed report will be of assistance for continued and ongoing program improvement.

This report is composed of the following sections:

- Licensure Inspection Weighting Report;
- Licensure team's recommendations for licensure;
- Completed programmatic check list which identifies the degree of compliance with specific licensure standards; and,
- A summary of the inspectors' basis for areas found to be in non-compliance with the licensure standards.

Your application for licensure will be reviewed during the Committee's meeting on **August 14, 2013 at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> floor for the location of the meeting. ***Program representation is welcomed, but not required.*** If you have questions, please contact me at [Jeffrey.Gronstal@idph.iowa.gov](mailto:Jeffrey.Gronstal@idph.iowa.gov) or at (515) 242-6162.

Sincerely,

Jeff Gronstal  
Health Facilities Officer  
Bureau of Substance Abuse

JG/rrh  
encl.

cc: Substance Abuse/Problem Gambling Program Committee

270 insprptcvrltr 7-2013

IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH  
LICENSURE INSPECTION WEIGHTING REPORT  
FOR SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAMS

PROGRAM NAME: Alcohol/Drug/DUI/OWI Services, Davenport

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. For a two (2) year license, the program must receive at least a 90% rating in each of the three categories below. For a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION DATE: Initial Application

RECENT INSPECTION DATE: July 9, 2013

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A;

1. SUBSTANCE ABUSE TREATMENT PROGRAM   X
2. PROBLEM GAMBLING TREATMENT PROGRAM
3. COMBINED SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAM

CATEGORY		
CLINICAL STANDARDS	ITEMS VALUES	RECENT REPORT
Placement Screening	4	4
Treatment Plan	1	1
Progress Notes	1	1
Drug Screening	3	3
Medical Services	1	1
Management of Care	1	1
Quality Improvement	5	5
TOTAL	16	16

Three (3) years: 16.00 – 15.20 = 95%  
Two (2) years: 15.19 – 14.40 = 90%  
One (1) years: 14.39 – 11.20 = 70%  
Denial: 11.19 or below

Total Points Available: 16  
Total Points Received: 16  
Percent: 100.00 %

CATEGORY		
ADMINISTRATIVE STANDARDS	ITEMS VALUES	CURRENT REPORT
Governing Body	25	25
Executive Director	1	1
Clinical Oversight	4	4
Staff Training	3	3
Procedure Manual	4	4
Fiscal	3	3
Personnel	21	21
Child Abuse/Criminal Records	3	3
TOTAL	64	64

Three (3) years: 64 – 61 = 95%  
Two (2) years: 60 – 58 = 90%  
One (1) year: 57 – 45 = 70%  
Denial: 44 or below

Total Points Available: 64  
Total Points Received: 64  
Percent 100.00 %

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	CURRENT REPORT
Client/Patient Case Records	4	4
Emergency Medical Services	4	4
Medication Control	0	0
Building Construction and Safety	11	11
Outpatient Services	4	4
Therapeutic environment	14	14
TOTAL	37	37

Three (3) years    37 – 36 = 95%  
 Two (2) years:    35 – 34 = 90%  
 One (1) year:     33 – 26 = 70%  
 Denial:             25 or below

Total Points Available:    37  
 Total Points Received:    37  
 Percent:                    100.00 %

IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH  
LICENSURE INSPECTION REPORT

<b>PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:</b> Alcohol/Drug/DUI/OWI Services 1503 Brady Street Davenport, Iowa 52803  Phone: 563-324-1990                      FAX: 563-323-7452                      E-Mail Address: <a href="mailto:milani2@sbcglobal.net">milani2@sbcglobal.net</a>													
<b>APPLICATION RECEIVED:</b> May 14, 2013 <b>DATE OF INSPECTION:</b> July 9, 2013		<b>COUNTIES SERVED:</b> Scott and Muscatine <b>TECHNICAL ASSISTANCE:</b> NA											
<b>INSPECTORS:</b> Jeff Gronstal													
<b>SITE(S) VISITED:</b>  Desk Review													
<b>STAFF:</b> <table style="width: 100%;"> <tr> <td style="width: 50%;">Board Chairperson:</td> <td style="width: 25%;">JoAnn C. Milani, Ph.D.</td> <td style="width: 50%;">Fiscal Director:</td> <td style="width: 25%;">JoAnn C. Milani, Ph.D.</td> </tr> <tr> <td>Executive Director:</td> <td>JoAnn C. Milani, Ph.D.</td> <td>Trainer:</td> <td>JoAnn C. Milani, Ph.D.</td> </tr> </table>				Board Chairperson:	JoAnn C. Milani, Ph.D.	Fiscal Director:	JoAnn C. Milani, Ph.D.	Executive Director:	JoAnn C. Milani, Ph.D.	Trainer:	JoAnn C. Milani, Ph.D.		
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<b>SUMMARY OF SERVICES PROVIDED:</b> The program provides adult and juvenile levels I and II.1 substance abuse treatment services.													
<b>CURRENT LICENSURE STATUS:</b> Initial Application													
<b>RECOMMENDATION:</b> It is recommended that the program be— <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Issued a license for a period of three years effective _____</td> <td>to _____</td> </tr> <tr> <td><input type="checkbox"/> Issued a license for a period of two years effective _____</td> <td>to _____</td> </tr> <tr> <td><input type="checkbox"/> Issued a license for a period of one year effective _____</td> <td>to _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Issued a license for 270 days effective _____</td> <td>August 14, 2013 to May 11, 2014</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Denied a license</td> </tr> </table>				<input type="checkbox"/> Issued a license for a period of three years effective _____	to _____	<input type="checkbox"/> Issued a license for a period of two years effective _____	to _____	<input type="checkbox"/> Issued a license for a period of one year effective _____	to _____	<input checked="" type="checkbox"/> Issued a license for 270 days effective _____	August 14, 2013 to May 11, 2014	<input type="checkbox"/> Denied a license	
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<b>PURPOSE:</b> Chapter 125 of the Code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.													
<b>C Full Compliance</b> – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.													
<b>NC Non-Compliance</b> – The program does not meet the intent of the standard. Point(s) not given/awarded.													
<b>NA Does Not Apply</b> – The standard does not apply to the program. Point(s) not given/awarded.													

<b>641—155.21 (1) Governing Body</b>	
<p>Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and liability insurance.</p>	
A. Has the program designated a governing body responsible for overall program operations?	C _____
B. Do written by-laws define:	
1. The powers and duties of the governing body;	C _____
2. Committees;	C _____
3. Advisory groups; and,	C _____
4. The executive director?	C _____
C. Do written by-laws minimally specify;	
1. Type of membership;	C _____
2. The term of appointment;	C _____
3. Frequency of meetings;	C _____
4. Attendance requirements; and,	C _____
5. The quorum necessary to transact business?	C _____
D. Are minutes of all meetings by the governing body kept?	C _____
Do the minutes include:	
1. Date of the meeting;	C _____
2. Names of members attending;	C _____
3. Topics discussed;	C _____
4. Decisions reached and actions taken.	C _____
E. Do the duties of the governing body include:	
1. Appointment of a qualified executive director;	C _____
2. Establish controls to ensure quality services are delivered;	C _____
3. Review and approval of the annual budget; and,	C _____
4. Approve all contracts?	C _____
F. Has the governing authority developed and approved the policies?	C _____
G. Is the governing authority responsible for all funds, equipment and the physical facilities?	C _____
H. Has the governing body prepared an annual report which includes:	
1. Name, address, occupation and place of employment of each member;	C _____
2. Relationships a member of the governing authority may have with a program staff member; and,	C _____
3. The name and address of owners or controlling parties?	C _____
I. Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	C _____
<b>155.21(2) Executive Director</b>	
A. Has the governing body appointed an executive director whose qualifications and duties are delineated?	C _____
<b>155.21(3) Clinical Oversight</b>	
A. Does the program have appropriate clinical oversight provided in house or through consultation?	C _____
B. Does clinical oversight include:	
1. Assisting in development of clinical policies and procedures;	C _____
2. Assisting in the training of staff; and,	C _____
3. Assistance to clinical staff providing direct services.	C _____



<b>155.21(4) Staff Development and Training</b>	
A. Does the program have policies and procedures establishing a staff development and training program?	C _____
B. Is there documentation that staff are certified, licensed or have professional education?	C _____
C. Or oriented to include:	
1. Psychosocial;	NA _____
2. Medical;	NA _____
3. Pharmacological;	NA _____
4. Confidentiality;	NA _____
5. Tuberculosis and blood-borne pathogens;	NA _____
6. HIV/AIDS;	NA _____
7. Cultural specificity of diverse populations; and,	NA _____
8. Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;	NA _____
9. Counseling skill development; and,	NA _____
10. Program and community resources?	NA _____
D. Has the program established an on-site training program or entered into an agreement with outside resources meeting the identified ongoing training needs of the staff?	C _____
E. Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	NA _____
F. Are in-service programs instituted when program operations or functions are changed?	NA _____
G. Has the program conducted an annual training needs assessment?	NA _____
H. Has the program developed an annual staff development training plan based on the needs assessment?	NA _____
I. Are minutes of on-site training kept which include:	
1. Dates of the meeting;	NA _____
2. Names of persons attending;	NA _____
3. Topics discussed, including name and title of presenters.	NA _____
<b>155.21(6) Procedures Manual</b>	
A. Has the program developed and maintained a policies and procedures manual?	C _____
B. Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	C _____
C. Does the manual have a working table of contents covering all policies and procedures?	C _____
D. Are revisions entered containing date, name and title of persons making the revisions?	C _____
<b>155.21(7) Fiscal Management</b>	
A. Does the program maintain an annual written budget which is reviewed and approved on an annual basis?	C _____
B. Has an independent fiscal audit been conducted on an annual basis?	NA _____
C. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment?	C _____
D. Is the insurance program reviewed on an annual basis by the governing authority?	C _____

<b>155.21(8) Personnel</b>	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	C
2. Recruitment and selection of volunteers;	C
3. Wage and salary administration;	C
4. Promotions;	C
5. Employee benefits;	C
6. Working hours;	C
7. Vacation and sick leave;	C
8. Lines of authority;	C
9. Rules of conduct;	C
10. Disciplinary action and termination;	C
11. Methods for handling inappropriate client/patient care;	C
12. Work performance appraisal;	C
13. Employee accidents and safety;	C
14. Employee grievances; and,	C
15. Policy on staff persons suspected of using or abusing substances?	C
B. Does the program have an equal employment opportunity policy and affirmative action plan?	C
C. Does the program maintain written job descriptions describing the actual duties of the staff?	C
D. Are personnel performance evaluations performed on an annual basis?	NA
E. Is the employee able to respond to the evaluation?	NA
F. Are personnel records kept on each employee to include;	
1. Verification of training, experience and professional credentials;	NA
2. Job performance evaluations;	NA
3. Incident reports;	NA
4. Disciplinary actions taken; and,	NA
5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?	NA
G. Does the program have written policies and procedures ensuring confidentiality of personnel records?	C
H. Is there evidence that all personnel providing screenings, evaluations, assessments and treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements?	NA
I. Are there policies and procedures prohibiting sexual harassment?	C
J. Are there policies implementing the Americans with Disabilities Act?	C
K. Does the program maintain an accepted code of conduct for all staff?	C

<b>155.21(9) Child Abuse/Dependent Adult Abuse/Criminal History Background Check</b>	
A. Does the program have written policies and procedures that specify procedures for child abuse and dependent adult abuse reporting that are in compliance with 42 CFR, Part 2?	C _____
B. Does the program have policies that prohibit mistreatment, neglect or abuse of children and dependent adults by staff that include:	
1. Reporting violations immediately to the director and Department of Human Services?	C _____
2. Subject an employee to dismissal if found in violation to the program's policies?	C _____
C. For employees working within a juvenile service area, or with dependent adults, do personnel records contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	NA _____
2. A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;	NA _____
3. Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	NA _____
4. For staff members with a substantiated criminal or child or dependent adult abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS?	NA _____
D. Have each clinical staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	NA _____
<b>155.21(10) Client/Patient Case Record Maintenance</b>	
A. Does the program have written policies and procedures governing client/patient case records that ensures:	
1. The program is responsible for protecting the client/patient record against loss, tampering or unauthorized disclosure of information, per HIPAA, Iowa Code Chapter 228 and 42 CFR, Part 2, as applicable;	C _____
2. Content and format of client/patient records are kept uniform; and,	C _____
3. Entries in the client/patient case record are signed and dated.	C _____
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	NA _____
C. Are records readily accessible to authorized staff?	NA _____
D. Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	C _____
E. Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable	
1. Does the format for the disclosure of client/patient information contain:	
a. The name of the program which is to make the disclosure;	NA _____
b. The name, title, or organization to which the disclosure is to be made;	NA _____
c. The name of the client/patient;	NA _____
d. The purpose or need for the disclosure;	NA _____
e. The information to be released;	NA _____
f. Revocation statement;	NA _____
g. The date the consent form is signed;	NA _____
h. Space for the client/patient's signature; and,	NA _____
i. Expiration date or condition?	NA _____
2. Is the release signed prior to releasing information?	NA _____
3. Is the client/patient informed of the information and purpose of the release prior to signing?	NA _____
4. Did the client/patient sign the release voluntarily?	NA _____
5. In the event that the program releases information without the client/patient's consent, did they follow proper procedures?	NA _____
6. Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?	NA _____

<p>F. A licensee who provides services via electronic media shall inform the client/patient of the limitations and risks associated with such services and shall document in the client/patient case record that such notice has been provided.</p>	<p>NA</p>
<p>G Upon receipt of a properly executed written release of information signed by the client/patient, the program shall release client/patient records in a timely manner, except as allowed 641—subrule 157.3(1), “Notice Iowa Code 321J—Confidential Medical Record,” reporting screening, evaluation, and treatment completion, if payment has not been received for such services..</p>	<p>NA</p>
<p><b>155.21(14) Client/Patient Case Record Contents</b></p>	
<p>A. Does the client/patient case record contain:</p> <ol style="list-style-type: none"> <li>1. Physical examination and lab tests; and,</li> <li>2. Placement screening and admission forms;</li> <li>3. Reports from referral sources;</li> <li>4. Treatment plans;</li> <li>5. Continued service and discharge reviews;</li> <li>6. Medication records;</li> <li>7. Reports from outside resources;</li> <li>8. Multidisciplinary staffing notes;</li> <li>9. Correspondence related to the client/patient (letters, phone calls, etc.);</li> <li>10. Treatment consent forms, if applicable;</li> <li>11. Release forms;</li> <li>12. Progress notes;</li> <li>13. Records of service provided;</li> <li>14. Discharge summaries;</li> <li>15. Management information system, and</li> <li>16. Records of financial counseling services for problem gambling clients, including,</li> <li>17. A.A budget, and</li> <li>18. B. Discussing financial debt options, including restitution and bankruptcy.</li> </ol>	<p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p>
<p><b>155.21(11) Placement Screening, Admission and Assessment      Records Reviewed    0</b></p>	
<p>A. Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?</p> <p>B. Does the placement screening process contain:</p> <ol style="list-style-type: none"> <li>1. Information gathered upon screening or admission;</li> <li>2. Procedures to be followed when accepting referrals from outside resources;</li> <li>3. Records kept on individuals applying for services; and,</li> <li>4. Evaluates the ASAM 6 categories or other approved criteria for substance abuse?</li> <li>5. Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?</li> <li>6. Is the program utilizing a recognized diagnostic tool to determine pathological gambling as defined by DSM-IV, or any DSM IV criteria to determine problem gambling?</li> </ol> <p>C. Does the admission process contain:</p> <ol style="list-style-type: none"> <li>1. An overall assessment of the information gathered; and,</li> <li>2. Conducted within the time frame for this substance abuse level of care?</li> <li>3. Conducted within 30 days for problem gambling clients/patients?</li> </ol> <p>D. Is there sufficient information collected in order to develop a treatment plan?</p> <p>E. Are the results of the admission process explained to the client/patient and family?</p>	<p>C</p> <p>C</p> <p>C</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p>

F.	Does the client/patient orientation contain:	
1.	General nature and goals of the program;	NA
2.	Client /patient conduct;	NA
3.	Hours (non residential);	NA
4.	Cost;	NA
5.	Client /patient rights;	NA
6.	Confidentiality;	NA
7.	HIV/AIDS; and,	NA
8.	Safety and emergency procedures for residential type services?	NA
<b>155.21(12) Treatment Plans</b>		
A.	Does the program have written policies and procedures that address treatment planning and reviews?	C
B.	Is the treatment plan based on the assessment?	NA
C.	Is the substance abuse treatment plan developed within the time frame for this level of care?	NA
D.	Is the problem gambling treatment plan developed within 30 days of admission, per 155.21(11)?	NA
E.	Does the treatment plan minimally contain the following:	
1. a.	Strength (here, or in the assessment)s;	NA
b.	Needs (here, or in the assessment);	NA
2. a.	Short term goals;	NA
b.	Long term goals;	NA
3. a.	Type of therapeutic activities;	NA
b.	Frequency of therapeutic activities;	NA
4.	Staff person involved;	NA
5.	Is the plan culturally and environmentally specific; and,	NA
6.	Is the treatment plan developed in partnership with the client/patient and counselor?	NA
F.	Are the client/patient and counselor reviews conducted within the time frames for this level of care?	NA
G.	Do the reviews contain:	
1.	Reassessment of the client/patient's current status;	NA
2.	Redefining of treatment goals;	NA
3.	Date of review; and,	NA
4.	Individuals involved?	NA
H.	Is the client/patient provided a copy of the treatment plan upon request?	NA
<b>155.21(13) Progress Notes</b>		
A.	Does the program have written policies and procedures to address progress notes?	C
B.	Do the progress notes contain the following:	
1.	Client's/patient's progress and current status in meeting treatment goals;	NA
2.	Documentation of individual sessions;	NA
3.	Documentation of group or group summaries;	NA
4.	Notes filed in chronological order;	NA
5.	Date of entry;	NA
6.	Signature or initials and title;	NA
7.	Entries with pen, type or computer (computer access code must be available);	NA
8.	Entries are legible;	NA
9.	Behavioral observations;	NA
10.	An avoidance of inappropriate jargon; and,	NA
11.	Are the notes uniform?	NA

<b>155.21(15) Drug Screening</b>	
A. Does the program have written policies and procedures to conduct urine collection and drug testing?	C _____
B. Are urine specimens collected under direct supervision, or the program shall have a policy in place to reduce the client/patient's ability to skew the test.?	C _____
C. Does the program comply with all CLIA regulations?	C _____
D. Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	NA _____
<b>155.21(16) Medical Services</b>	
A. Does the program have written policies and procedures to address medical services?	C _____
B. Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission?	NA _____
C. Are physical and laboratory examinations performed within the appropriate time frame for the following:	
1. Levels III.7 and V (24 hours of admission)?	NA _____
2. Levels III.3 or III.5 (7 days of admission)?	NA _____
3. Level III.1 (21 days of admission)?	NA _____
D. Are physical, laboratory work and medical histories completed by referrals older than 90 days?	NA _____
E. Have all halfway house, high risk outpatient and residential clients/patients received a TB test to be administered and read within five days of admission?	NA _____
<b>155.21(17) Emergency Medical Services</b>	
A. Does the program have written policies and procedures that address emergency services?	C _____
B. Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis?	C _____
C. Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis?	C _____
D. Does the program ensure that all community service providers, medical facilities, law enforcement agencies and other appropriate personnel are informed that the 24-hour emergency services and treatment are available?	C _____
<b>155.21(18) Medication Control</b>	
A. Does the program have written policies and procedures that address medication control?	NA _____
B. Does the program maintain a list of qualified personnel authorized to administer medications?	NA _____
C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	NA _____
D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	NA _____
E. Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	NA _____
F. Is the medication storage maintained as follows:	
1. In accordance with security requirements of federal, state, and local laws;	NA _____
2. Refrigerated, if required;	NA _____
3. Separated from food and other items;	NA _____
4. Stored in original containers; and,	NA _____
5. Are external substances stored separately from internal and injectable medications?	NA _____

G. Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	<u>NA</u>
H. Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?	<u>NA</u>
<b>155.21(19) Management of Care</b>	
A. Does the program have written policies and procedures to ensure proper utilization of the placement screening, continued service and discharge criteria?	<u>C</u>
B. Is the program exercising proper utilization and effective use for levels of care in the following?	
1. Placement screening;	<u>NA</u>
2. Continued service reviews; and,	<u>NA</u>
3. Discharge reviews.	<u>NA</u>
C. Is the discharge planning started at the time of admission?	<u>NA</u>
D. Does the discharge plan address:	
1. Ongoing client/patient needs; and,	<u>NA</u>
2. Post treatment needs?	<u>NA</u>
<b>155.21(20) Quality Improvement</b>	
A. Does the program have a written quality improvement plan?	<u>C</u>
B. Does the written plan contain the following:	
1. Objectives;	<u>C</u>
2. Organization;	<u>C</u>
3. Scope; and,	<u>C</u>
4. Mechanisms for oversight?	<u>C</u>
C. Does the quality improvement plan address the following:	
1. Is all the information collected, screened by an individual or committee; and,	<u>NA</u>
2. Is the objective criteria utilized in development and application for ensuring client/patient care?	<u>NA</u>
D. Has the quality improvement program developed a corrective action plan when problems have been identified?	<u>NA</u>
E. Has the corrective action plan been followed until the problem has been resolved?	<u>NA</u>
F. Is the information used to detect trends, patterns of performance that affect more than one component?	<u>NA</u>
G. Is the quality improvement program evaluated at least annually?	<u>NA</u>

<b>155.21(21) Building Construction and Safety</b>	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	NA
B. During construction phases or alterations to buildings is:	
1. The level of life safety not diminished; and,	NA
2. Construction in compliance with all applicable federal, state, and local codes?	NA
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	NA
D. Does the program have written policies and procedures that provide for a safe environment for clients/patients, personnel and visitors that include:	
1. Orientation and review of facility-wide safety policies and practices;	C
2. A hazard surveillance program; and,	C
3. The process to dispose of bio-hazardous waste within the clinical service area?	C
E. All program areas:	
1. Are stairways, halls, and aisles:	
a. Of substantial non-slippery material;	C
b. Adequately lighted;	C
c. Free from obstruction; and,	C
d. Equipped with handrails on stairways?	C
2. Do radiators, registers, steam/hot water pipes, electrical outlets, and switches have protective covering, insulation and/or wall plates?	C
3. For juvenile facilities, are fuse boxes under lock and key or six feet above the floor?	C
4. Do facilities have written procedures for handling and storage of hazardous materials?	C
5. Do facilities have policies and procedures for weapons removal?	C
6. Do swimming pools:	
a. Conform to state and local health and safety regulations; and,	NA
b. Ensure that adult supervision is provided when children use the pool?	NA
7. Do facilities have policies regarding fishing ponds, lakes, or any bodies of water located on or near the program and accessible to the client/patient?	NA
<b>155.21(22) Outpatient Facility</b>	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	C
1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;	C
2. Is the furniture in good repair; and,	C
3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?	C



155.21(23) Therapeutic Environment	
A. Does the program establish an environment that enhances the positive self-image of the clients/patient?	C
B. Do the grounds have adequate space for the program to carry out its stated goals?	C
C. When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?	NA
D. Are services accessible to people with disabilities or does the program have written policies and procedures that describe how people with disabilities can gain access to necessary services?	C
E. Does the program comply with the Americans with Disabilities Act?	C
F. Is the reception/waiting room of adequate size with appropriate furniture and does it provide for confidentiality of clients/patients in session or receiving services?	C
G. Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	C
H. Does the program have written policies and procedures regarding chemical substances in the facility?	C
I. Does the program designate and identify specific smoking areas?	C
J. Underage tobacco:	
1. The program/person does not sell, give or otherwise supply any tobacco, tobacco products, or cigarettes to any person under 18 years of age; and,	C
2. A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.	C
K. Does the program has written policies and procedures that address:	
1. Informing client/patients of their legal and human rights at the time of admission;	C
2. Client/patient communication, opinions, or grievances with a mechanism for redress;	C
3. Prohibition of sexual harassment; and,	C
4. Client/patient rights to privacy?	C



**Iowa Department of Public Health**  
Promoting and Protecting the Health of Iowans

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Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

July 9, 2013

Fred G. Knapp  
Broadlawns Medical Center  
Program Manager  
1801 Hickman Road  
Des Moines, IA 50314

Dear Mr. Knapp:

This office is in receipt of the programs Joint Commission report and certificate of accreditation. Submission of these materials completes the program's application for re-licensure through deemed status. The period of license shall be **April 23, 2013 to October 11, 2015** in accordance with the period of accreditation.

The program's application will be presented to the Board of Health Substance Abuse and Problem Gambling Program Licensure Committee at its **August 14, 2013** meeting. The meeting will be held at the Lucas State Office Building, Director's Conference Room, 6<sup>th</sup> Floor, at 9:00 a.m. ***Program representation is welcome but not required.***

Thank you for the documentation.

Should you have any questions, please feel free to contact me at (515) 281-3347 or at [Robert.Kerksieck@idph.iowa.gov](mailto:Robert.Kerksieck@idph.iowa.gov).

Sincerely,

Bob Kerksieck  
Health Facility Surveyor  
Division of Behavioral Health

BK/rrh

2013 Deemed License Issued



**Iowa Department of Public Health**  
Promoting and Protecting the Health of Iowans

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Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

July 9, 2013

Amber Rand, Program Supervisor  
Cornerstone Recovery  
Children & Families of Iowa  
501 SW Ankeny Road  
Ankeny, Iowa 50021

Dear Ms. Rand:

This office has received and I have had an opportunity to review the program's application for re-licensure through deemed status. At this time the application appears complete. The application will be reviewed by the Iowa Board of Health, Substance Abuse and Problem Gambling Committee at its August 14, 2013 meeting. We will be recommending re-licensure, based upon the results of the Council on Accreditation report dated June 17, 2010. The effective dates of the license shall be reflective of the effective dates of the accreditation, September 13, 2013 to September 30, 2014.

The recommendation will be presented to the Substance Abuse/Problem Gambling Program Licensure Committee at its meeting on Wednesday, August 14, 2013 at 9:00 am at the Lucas State Office Building. Please see the receptionist on the sixth floor for location of the meeting. ***Program participation is welcome but not required.***

Thank you for the application, should you have any questions please contact me at [Jeffrey.gronstal@idph.iowa.gov](mailto:Jeffrey.gronstal@idph.iowa.gov) or (515) 242-6162.

Sincerely,

Jeff Gronstal  
Health Facilities Officer  
Division of Behavioral Health

JG/rrh



**Iowa Department of Public Health**  
Promoting and Protecting the Health of Iowans

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Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

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Lt. Governor

July 15, 2013

Jay Hansen, Executive Director  
*Prairie Ridge Addiction Treatment Services*  
320 N. Eisenhower Avenue  
Mason City, Iowa 50436

Dear Mr. Hanson:

This office has received the completed report for your CARF on-site review. Your deemed status application is now complete. Thank you for the final documentation. *Prairie Ridge Addiction Treatment Services* will be placed on the agenda for the August 14, 2013, meeting of the Substance Abuse/Problem Gambling Program Licensure Committee.

The effective dates for your license will be June 30, 2013 to June 30, 2016.

Your current license expiring December 8, 2013 remains valid until final action on this application by the Substance Abuse/Problem Gambling Program Licensure Committee.

Thank you for completion of the application.

If you have any questions, please feel free to contact me at [Robert.Kerksieck@idph.iowa.gov](mailto:Robert.Kerksieck@idph.iowa.gov) or at 515-281-3347.

Sincerely,

Bob Kerksieck  
Health Facilities Surveyor  
Division of Behavioral Health

BK/rrf

CARF Review Received 7-2013



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

August 6, 2013

**RETURNED RECEIPT**

Mark Day, Interim Superintendent  
*Iowa Juvenile Home/State Training School for Girls*  
701 South Church Street  
Toledo, Iowa 52342

Dear Mr. Day:

Attached is a copy of the Interim Licensure Inspection Report completed by the Division of Behavioral Health following the on-site review of *Iowa Juvenile Home/State Training School for Girls*, 701 South Church Street, Toledo, Iowa, on July 29, 2013. We hope the enclosed report will be of assistance for continued and ongoing program improvement.

This report is composed of the following sections:

- Licensure team's special note and recommendation for corrective action.
- Completed programmatic check list which identifies the degree of compliance with specific licensure standards; and,
- A summary of the inspectors' basis for areas found to be in non-compliance with the licensure standards.

The report will be reviewed during the Committee's meeting on **August 14, 2013, at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> floor for the location of the meeting. ***Program representation is welcomed, but not required.*** If you have questions, please contact me at [Jeffrey.Gronstal@idph.iowa.gov](mailto:Jeffrey.Gronstal@idph.iowa.gov) or at (515) 242-6162.

Sincerely,

Jeff Gronstal  
Health Facilities Officer  
Bureau of Substance Abuse

JG/rrh  
encl.

cc: Sally Titus , Administrator  
Substance Abuse/Problem Gambling Program Committee

spclrptinsprpt 8-2013



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

## LICENSURE INSPECTION REPORT BACKGROUND SUMMARY

Date of Report: August 1, 2013

Program: Iowa Juvenile Home/State Training School for Girls

Date of Inspection: July 29, 2013

Inspectors: Jeff Gronstal, IDPH Health Facilities Officer  
Robert Kerk sieck, IDPH Health Facilities Surveyor

On February 28, 2012, IDPH received an application from the Iowa Juvenile Home/State Training School for Girls (IJH) to renew their existing substance abuse treatment program license. The application specified that IJH would provide outpatient Level II.1-Juvenile Intensive, Level I-Juvenile Extended, and Level I-Juvenile Continuing Care substance abuse treatment services. IDPH program licensure staff conducted an inspection of the IJH substance abuse treatment program on May 5, 2012. The inspection found IJH to be in compliance with applicable standards with the exception of the standard on written policies and procedures that address treatment planning and reviews, resulting in a loss of one point on the licensure inspection weighting report. On June 13, 2012, the State Board of Health Substance Abuse and Problem Gambling Program Licensure Committee approved a license to IJH for a period of three years, effective June 10, 2012 to June 10, 2015.

On July 29, 2013, IDPH conducted an inspection of the IJH substance abuse treatment program, following media reports that the administrator and clinical supervisor listed on the program's licensure application were no longer employed at IJH and determination by IDPH that the clinical supervisor position had been vacant since February 2013. Prior to the inspection, IDPH informed the program's governing authority and acting director of the inspection date and basis for the inspection.

IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH  
LICENSURE INSPECTION REPORT

<b>PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:</b> Iowa Juvenile Home/State Training School for Girls 701 South Church street Toledo, Iowa 52342 (641) 484-2560                      FAX: (641) 484-2816                      E-Mail Address: <a href="mailto:mday@dhs.state.iowa.gov">mday@dhs.state.iowa.gov</a>																	
<table style="width: 100%;"><tr><td style="width: 33%;">APPLICATION RECEIVED:</td><td style="width: 33%;">February 28, 2012</td><td style="width: 33%;">COUNTIES SERVED: All</td></tr><tr><td>DATE OF INSPECTION:</td><td>July 29, 2013</td><td>TECHNICAL ASSISTANCE: NA</td></tr></table>			APPLICATION RECEIVED:	February 28, 2012	COUNTIES SERVED: All	DATE OF INSPECTION:	July 29, 2013	TECHNICAL ASSISTANCE: NA									
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<b>INSPECTORS:</b>  Jeff Gronstal, Health Facilities Officer Robert Kerksieck, Health Facilities Surveyor																	
<b>SITE(S) VISITED:</b> 701 South Church Street Toledo, Iowa 52342																	
<b>STAFF:</b> Administrator: Sally Titus Interim Superintendent: Mark Day Clinical Director: Vacant																	
<b>SUMMARY OF SERVICES PROVIDED:</b> The program provides juvenile Level I and Level II.1 substance abuse treatment services.																	
<b>CURRENT LICENSURE STATUS:</b> The program is currently operating on a three-year license, effective June 10, 2012 to June 10, 2015.																	
<b>RECOMMENDATION:</b> <table style="width: 100%;"><tr><td><input type="checkbox"/></td><td>Issued a license for a period of three years effective _____</td><td>to _____</td></tr><tr><td><input type="checkbox"/></td><td>Issued a license for a period of two years effective _____</td><td>to _____</td></tr><tr><td><input type="checkbox"/></td><td>Issued a license for a period of one year effective _____</td><td>to _____</td></tr><tr><td><input type="checkbox"/></td><td>Issued a license for 270 days effective _____</td><td>to _____</td></tr><tr><td><input type="checkbox"/></td><td colspan="2">Denied a license</td></tr></table> <b>* See Special Note</b>			<input type="checkbox"/>	Issued a license for a period of three years effective _____	to _____	<input type="checkbox"/>	Issued a license for a period of two years effective _____	to _____	<input type="checkbox"/>	Issued a license for a period of one year effective _____	to _____	<input type="checkbox"/>	Issued a license for 270 days effective _____	to _____	<input type="checkbox"/>	Denied a license	
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<input type="checkbox"/>	Denied a license																
<b>PURPOSE:</b> Chapter 125 of the Code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.																	
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<b>641—155.21 (1) Governing Body</b>	
Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and liability insurance.	C _____
A. Has the program designated a governing body responsible for overall program operations?	C _____
B. Do written by-laws define:	
1. The powers and duties of the governing body;	C _____
2. Committees;	C _____
3. Advisory groups; and,	C _____
4. The executive director?	C _____
C. Do written by-laws minimally specify;	
1. Type of membership;	C _____
2. The term of appointment;	C _____
3. Frequency of meetings;	C _____
4. Attendance requirements; and,	C _____
5. The quorum necessary to transact business?	C _____
D. Are minutes of all meetings by the governing body kept?	C _____
Do the minutes include:	
1. Date of the meeting;	C _____
2. Names of members attending;	C _____
3. Topics discussed;	C _____
4. Decisions reached and actions taken.	C _____
E. Do the duties of the governing body include:	
1. Appointment of a qualified executive director;	C _____
2. Establish controls to ensure quality services are delivered;	C _____
3. Review and approval of the annual budget; and,	C _____
4. Approve all contracts?	C _____
F. Has the governing authority developed and approved the policies?	C _____
G. Is the governing authority responsible for all funds, equipment and the physical facilities?	C _____
H. Has the governing body prepared an annual report which includes:	
1. Name, address, occupation and place of employment of each member;	C _____
2. Relationships a member of the governing authority may have with a program staff member; and,	NA _____
3. The name and address of owners or controlling parties?	NA _____
I. Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	C _____
<b>155.21(2) Executive Director</b>	
A. Has the governing body appointed an executive director whose qualifications and duties are delineated?	C _____
<b>155.21(3) Clinical Oversight</b>	
A. Does the program have appropriate clinical oversight provided in house or through consultation?	NC _____
B. Does clinical oversight include:	
1. Assisting in development of clinical policies and procedures;	NC _____
2. Assisting in the training of staff; and,	NC _____
3. Assistance to clinical staff providing direct services.	NC _____



<b>155.21(4) Staff Development and Training</b>	
A. Does the program have policies and procedures establishing a staff development and training program?	C _____
B. Is there documentation that staff are certified, licensed or have professional education?	C _____
C. Or oriented to include:	
1. Psychosocial;	NA _____
2. Medical;	NA _____
3. Pharmacological;	NA _____
4. Confidentiality;	NA _____
5. Tuberculosis and blood-borne pathogens;	NA _____
6. HIV/AIDS;	NA _____
7. Cultural specificity of diverse populations; and,	NA _____
8. Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;	NA _____
9. Counseling skill development; and,	NA _____
10. Program and community resources?	NA _____
D. Has the program established an on-site training program or entered into an agreement with outside resources meeting the identified ongoing training needs of the staff?	C _____
E. Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	C _____
F. Are in-service programs instituted when program operations or functions are changed?	C _____
G. Has the program conducted an annual training needs assessment?	NA _____
H. Has the program developed an annual staff development training plan based on the needs assessment?	NA _____
I. Are minutes of on-site training kept which include:	
1. Dates of the meeting;	NA _____
2. Names of persons attending;	NA _____
3. Topics discussed, including name and title of presenters.	NA _____
<b>155.21(6) Procedures Manual</b>	
A. Has the program developed and maintained a policies and procedures manual?	C _____
B. Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	C _____
C. Does the manual have a working table of contents covering all policies and procedures?	C _____
D. Are revisions entered containing date, name and title of persons making the revisions?	C _____
<b>155.21(7) Fiscal Management</b>	
A. Does the program maintain an annual written budget which is reviewed and approved on an annual basis?	C _____
B. Has an independent fiscal audit been conducted on an annual basis?	C _____
C. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment?	C _____
D. Is the insurance program reviewed on an annual basis by the governing authority?	C _____

155.21(8) Personnel	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	C
2. Recruitment and selection of volunteers;	C
3. Wage and salary administration;	C
4. Promotions;	C
5. Employee benefits;	C
6. Working hours;	C
7. Vacation and sick leave;	C
8. Lines of authority;	C
9. Rules of conduct;	C
10. Disciplinary action and termination;	C
11. Methods for handling inappropriate client/patient care;	C
12. Work performance appraisal;	C
13. Employee accidents and safety;	C
14. Employee grievances; and,	C
15. Policy on staff persons suspected of using or abusing substances?	C
B. Does the program have an equal employment opportunity policy and affirmative action plan?	C
C. Does the program maintain written job descriptions describing the actual duties of the staff?	C
D. Are personnel performance evaluations performed on an annual basis?	C
E. Is the employee able to respond to the evaluation?	C
F. Are personnel records kept on each employee to include;	
1. Verification of training, experience and professional credentials;	C
2. Job performance evaluations;	C
3. Incident reports;	NA
4. Disciplinary actions taken; and,	NA
5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?	NA
G. Does the program have written policies and procedures ensuring confidentiality of personnel records?	C
H. Is there evidence that all personnel providing screenings, evaluations, assessments and treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements?	C
I. Are there policies and procedures prohibiting sexual harassment?	C
J. Are there policies implementing the Americans with Disabilities Act?	C
K. Does the program maintain an accepted code of conduct for all staff?	C

<b>155.21(9) Child Abuse/Dependent Adult Abuse/Criminal History Background Check</b>	
A. Does the program have written policies and procedures that specify procedures for child abuse and dependent adult abuse reporting that are in compliance with 42 CFR, Part 2?	C _____
B. Does the program have policies that prohibit mistreatment, neglect or abuse of children and dependent adults by staff that include:	
1. Reporting violations immediately to the director and Department of Human Services?	C _____
2. Subject an employee to dismissal if found in violation to the program's policies?	C _____
C. For employees working within a juvenile service area, or with dependent adults, do personnel records contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	NA _____
2. A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;	NA _____
3. Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	NA _____
4. For staff members with a substantiated criminal or child or dependent adult abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS?	NA _____
D. Have each clinical staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	C _____
<b>155.21(10) Client/Patient Case Record Maintenance</b>	
A. Does the program have written policies and procedures governing client/patient case records that ensures:	
1. The program is responsible for protecting the client/patient record against loss, tampering or unauthorized disclosure of information, per HIPAA, Iowa Code Chapter 228 and 42 CFR, Part 2, as applicable;	C _____
2. Content and format of client/patient records are kept uniform; and,	C _____
3. Entries in the client/patient case record are signed and dated.	C _____
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	C _____
C. Are records readily accessible to authorized staff?	C _____
D. Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	C _____
E. Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable	
1. Does the format for the disclosure of client/patient information contain:	
a. The name of the program which is to make the disclosure;	C _____
b. The name, title, or organization to which the disclosure is to be made;	C _____
c. The name of the client/patient;	C _____
d. The purpose or need for the disclosure;	C _____
e. The information to be released;	C _____
f. Revocation statement;	C _____
g. The date the consent form is signed;	C _____
h. Space for the client/patient's signature; and,	C _____
i. Expiration date or condition?	C _____
2. Is the release signed prior to releasing information?	C _____
3. Is the client/patient informed of the information and purpose of the release prior to signing?	C _____
4. Did the client/patient sign the release voluntarily?	C _____
5. In the event that the program releases information without the client/patient's consent, did they follow proper procedures?	NA _____
6. Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?	NA _____

<p>F. A licensee who provides services via electronic media shall inform the client/patient of the limitations and risks associated with such services and shall document in the client/patient case record that such notice has been provided.</p> <p>G. Upon receipt of a properly executed written release of information signed by the client/patient, the program shall release client/patient records in a timely manner, except as allowed 641—subrule 157.3(1), “Notice Iowa Code 321J—Confidential Medical Record,” reporting screening, evaluation, and treatment completion, if payment has not been received for such services.</p>	<p>NA</p> <p>NA</p>
<p><b>155.21(14) Client/Patient Case Record Contents</b></p> <p>A. Does the client/patient case record contain:</p> <ol style="list-style-type: none"> <li>1. Physical examination and lab tests; and,</li> <li>2. Placement screening and admission forms;</li> <li>3. Reports from referral sources;</li> <li>4. Treatment plans;</li> <li>5. Continued service and discharge reviews;</li> <li>6. Medication records;</li> <li>7. Reports from outside resources;</li> <li>8. Multidisciplinary staffing notes;</li> <li>9. Correspondence related to the client/patient (letters, phone calls, etc.);</li> <li>10. Treatment consent forms, if applicable;</li> <li>11. Release forms;</li> <li>12. Progress notes;</li> <li>13. Records of service provided;</li> <li>14. Discharge summaries;</li> <li>15. Management information system, and</li> <li>16. Records of financial counseling services for problem gambling clients, including,</li> <li>17. A.A budget, and</li> <li>18. B. Discussing financial debt options, including restitution and bankruptcy.</li> </ol>	<p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>NA</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>NC</p> <p>NA</p> <p>NA</p> <p>NA</p>
<p><b>155.21(11) Placement Screening, Admission and Assessment Records Reviewed 3 of 4</b></p> <p>A. Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?</p> <p>B. Does the placement screening process contain:</p> <ol style="list-style-type: none"> <li>1. Information gathered upon screening or admission;</li> <li>2. Procedures to be followed when accepting referrals from outside resources;</li> <li>3. Records kept on individuals applying for services; and,</li> <li>4. Evaluates the ASAM 6 categories or other approved criteria for substance abuse?</li> <li>5. Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?</li> <li>6. Is the program utilizing a recognized diagnostic tool to determine pathological gambling as defined by DSM-IV, or any DSM IV criteria to determine problem gambling?</li> </ol> <p>C. Does the admission process contain:</p> <ol style="list-style-type: none"> <li>1. An overall assessment of the information gathered; and,</li> <li>2. Conducted within the time frame for this substance abuse level of care?</li> <li>3. Conducted within 30 days for problem gambling clients/patients?</li> </ol> <p>D. Is there sufficient information collected in order to develop a treatment plan?</p> <p>E. Are the results of the admission process explained to the client/patient and family?</p>	<p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>NA</p> <p>NC</p> <p>C</p> <p>NA</p> <p>C</p> <p>C</p>



<b>155.21(15) Drug Screening</b>	
A. Does the program have written policies and procedures to conduct urine collection and drug testing?	NA
B. Are urine specimens collected under direct supervision, or the program shall have a policy in place to reduce the client/patient's ability to skew the test.?	NA
C. Does the program comply with all CLIA regulations?	NA
D. Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	NA
<b>155.21(16) Medical Services</b>	
A. Does the program have written policies and procedures to address medical services?	C
B. Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission?	C
C. Are physical and laboratory examinations performed within the appropriate time frame for the following: 1. Levels III.7 and V (24 hours of admission)? 2. Levels III.3 or III.5 (7 days of admission)? 3. Level III.1 (21 days of admission)?	NA NA NA
D. Are physical, laboratory work and medical histories completed by referrals older than 90 days?	NA
E. Have all halfway house, high risk outpatient and residential clients/patients received a TB test to be administered and read within five days of admission?	NA
<b>155.21(17) Emergency Medical Services</b>	
A. Does the program have written policies and procedures that address emergency services?	C
B. Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis?	C
C. Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis?	C
D. Does the program ensure that all community service providers, medical facilities, law enforcement agencies and other appropriate personnel are informed that the 24-hour emergency services and treatment are available?	C
<b>155.21(18) Medication Control</b>	
A. Does the program have written policies and procedures that address medication control?	NA
B. Does the program maintain a list of qualified personnel authorized to administer medications?	NA
C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	NA
D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	NA
E. Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	NA
F. Is the medication storage maintained as follows: 1. In accordance with security requirements of federal, state, and local laws; 2. Refrigerated, if required; 3. Separated from food and other items; 4. Stored in original containers; and, 5. Are external substances stored separately from internal and injectable medications?	NA NA NA NA NA

G.	Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	<u>NA</u>
H.	Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?	<u>NA</u>
<b>155.21(19) Management of Care</b>		
A.	Does the program have written policies and procedures to ensure proper utilization of the placement screening, continued service and discharge criteria?	<u>C</u>
B.	Is the program exercising proper utilization and effective use for levels of care in the following? 1. Placement screening; 2. Continued service reviews; and, 3. Discharge reviews.	<u>NC</u> <u>NC</u> <u>C</u>
C.	Is the discharge planning started at the time of admission?	<u>C</u>
D.	Does the discharge plan address: 1. Ongoing client/patient needs; and, 2. Post treatment needs?	<u>C</u> <u>C</u>
<b>155.21(20) Quality Improvement</b>		
A.	Does the program have a written quality improvement plan?	<u>C</u>
B.	Does the written plan contain the following: 1. Objectives; 2. Organization; 3. Scope; and, 4. Mechanisms for oversight?	<u>C</u> <u>C</u> <u>C</u> <u>C</u>
C.	Does the quality improvement plan address the following: 1. Is all the information collected, screened by an individual or committee; and, 2. Is the objective criteria utilized in development and application for ensuring client/patient care?	<u>C</u> <u>C</u>
D.	Has the quality improvement program developed a corrective action plan when problems have been identified?	<u>C</u>
E.	Has the corrective action plan been followed until the problem has been resolved?	<u>C</u>
F.	Is the information used to detect trends, patterns of performance that affect more than one component?	<u>C</u>
G.	Is the quality improvement program evaluated at least annually?	<u>NC</u>

<b>155.21(21) Building Construction and Safety</b>	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	NA
B. During construction phases or alterations to buildings is:	
1. The level of life safety not diminished; and,	NA
2. Construction in compliance with all applicable federal, state, and local codes?	NA
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	NA
D. Does the program have written policies and procedures that provide for a safe environment for clients/patients, personnel and visitors that include:	
1. Orientation and review of facility-wide safety policies and practices;	C
2. A hazard surveillance program; and,	C
3. The process to dispose of bio-hazardous waste within the clinical service area?	C
E. All program areas:	
1. Are stairways, halls, and aisles:	
a. Of substantial non-slippery material;	C
b. Adequately lighted;	C
c. Free from obstruction; and,	C
d. Equipped with handrails on stairways?	C
2. Do radiators, registers, steam/hot water pipes, electrical outlets, and switches have protective covering, insulation and/or wall plates?	C
3. For juvenile facilities, are fuse boxes under lock and key or six feet above the floor?	C
4. Do facilities have written procedures for handling and storage of hazardous materials?	C
5. Do facilities have policies and procedures for weapons removal?	C
6. Do swimming pools:	
a. Conform to state and local health and safety regulations; and,	NA
b. Ensure that adult supervision is provided when children use the pool?	NA
7. Do facilities have policies regarding fishing ponds, lakes, or any bodies of water located on or near the program and accessible to the client/patient?	NA
<b>155.21(22) Outpatient Facility</b>	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	C
1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;	C
2. Is the furniture in good repair; and,	C
3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?	C
<b>155.21(23) Therapeutic Environment</b>	
A. Does the program establish an environment that enhances the positive self-image of the clients/patient?	C
B. Do the grounds have adequate space for the program to carry out its stated goals?	C
C. When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?	NA
D. Are services accessible to people with disabilities or does the program have written policies and procedures that describe how people with disabilities can gain access to necessary services?	C
E. Does the program comply with the Americans with Disabilities Act?	C
F. Is the reception/waiting room of adequate size with appropriate furniture and does it provide for confidentiality of clients/patients in session or receiving services?	C



G.	Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	C _____
H.	Does the program have written policies and procedures regarding chemical substances in the facility?	C _____
I.	Does the program designate and identify specific smoking areas?	C _____
J.	Underage tobacco:	
	1. The program/person does not sell, give or otherwise supply any tobacco, tobacco products, or cigarettes to any person under 18 years of age; and,	C _____
	2. A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.	C _____
K.	Does the program has written policies and procedures that address:	C _____
	1. Informing client/patients of their legal and human rights at the time of admission;	C _____
	2. Client/patient communication, opinions, or grievances with a mechanism for redress;	C _____
	3. Prohibition of sexual harassment; and,	C _____
	4. Client/patient rights to privacy?	C _____

## **Justification of Variance**

### **155.21(3) Clinical Oversight**

This entire section was rated in non-compliance as the program has not filled the open Clinical Director position, neither has the program implemented any steps to provide a mechanism for oversight.

### **155.21(14) Client Case Records Contents**

A.15 This standard was rated in non-compliance because the program has failed to report required data to the data repository. And the program has failed to file a requested plan of corrective action.

### **155.21(11) Placement Screening, Admission and Assessment**

C.1. Placement Screening, Admission and Assessment was in non-compliance because the overall assessment (program calls their overall assessment an assessment summary) did not document critical clinical issues identified in the intake and/or placement screening in clinical case records #1, #3 and #4.

### **155.21(12) Treatment Plans**

B. Treatment Plans were in non-compliance because the program did not document in clinical case records #1, #3 and #4 that the treatment plan was based on the intake.

E.1.b. Treatment Plans were in non-compliance because the program did not document Needs (here, or in the assessment); in clinical case record #1.

F. Treatment Plans were in non-compliance because the program did not document client/patient and counselor reviews conducted within the time frames for this level of care in clinical case records #3 and #4, specifically that the treatment plan was reviewed on a timely basis. Specifics include:

- Of 24 treatment plan reviews documented, eight were not done with the client and one was late.

G.1. Treatment Plans were in non-compliance because the program did not document Reassessment of the client/patient's current status in clinical case records #1, #3 and #4 regarding the treatment plan.

G.2. Treatment Plans were in non-compliance because the program did not document Redefining of treatment goals in clinical case records #1, #3 and #4 regarding the treatment plan.

G.3. Treatment Plans were in non-compliance because the program did not document Date of review in clinical case records #3 and #4 regarding the treatment plan.

Specifics for Treatment Plan Reviews (G.1., G.2. and G.3.) include:

- There were 36 treatment plan reviews in the records.
- In 13 of the reviews, progress or lack of progress was reported in two of the five objectives in the treatment plan. Nothing was reported in the other three objectives in any of the treatment plan reviews. There were no changes or updates to the two goals and five objectives in any of the 13 reviews.
- In 23 of the reviews, progress or lack of progress was reported in two of the four objectives in the treatment plan. Nothing was reported in the other two objectives in any of the treatment plan reviews. There were no changes or updates to the two goals and four objectives in any of the 23 reviews.

### **155.21(19) Management of Care**

B.1. Management of Care was in non-compliance because the program did not document proper use of placement screening criteria in clinical case records #1 and #4. Specifics include:

- Recovery Environment is rated "0" for severity. The staff incorrectly justified the rating because the client is now in the State Training School. In that case, every client in every treatment program would get a "0" rating upon entering treatment.

B.2. Management of Care was in non-compliance because the program did not document proper use of continued stay criteria in clinical case records #1, #3 and #4. Specifics include:

- 39 CSRs all give exactly the same severity rating as the placement screening ASAM, despite progress noted in some areas in progress notes and treatment plan reviews. Progress is not reflected in CSRs. Severity rating for “Acute Intoxication” stays the same for 29 CSRs.

**\* Special Note**

It is recommended that, pursuant to 641 IAC 155.3(2), the Substance Abuse and Problem Gambling Program Licensure Committee require the program to file a written plan of corrective action to bring into compliance all areas found to be in noncompliance with regulations, including clinical supervision standards. IDPH is available to provide technical assistance in development and implementation of the corrective action plan.



**Iowa Department of Public Health**  
Promoting and Protecting the Health of Iowans

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Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

August 7, 2013

Winnie Hall  
Help Clinic  
2812 Cottage Grove  
Des Moines, Iowa 50311

Dear Ms. Hall:

On July 31, 2013 this office received a letter from you by regular mail (attached). The letter states that it was in response to "the recent proposal to revoke Help Clinic's Substance Abuse License". The letter did not state if in accordance with 641 IAC 155.11(2) the letter was written in objection to the intended action of the Substance Abuse and Problem Gambling Committee's proposed action to revoke the program's license, or if it was intended to be a plan of corrective action. In addition, the letter does not satisfactorily outline the specific objections or corrective action plans as required under 641 IAC 155.11(2).

Therefore my recommendation to the committee will be as follows;

It is recommended the Iowa Board of Health, Substance Abuse and Problem Gambling Committee revoke the license of Help, Clinic, 2812 Cottage Grove, Des Moines, Iowa, for failing to provide written objections to the proposed action of revocation of July 10, 2013, or an acceptable plan of corrective action in accordance with 641-155.11(1) and 641-155.11(2).

The recommendation will be presented to the Committee at its meeting **August 14, 2013, at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> floor for the location of the meeting. ***Program representation is welcomed, but not required.***

Should you have any questions please contact me at [Jeffrey.gronstal@idph.iowa.gov](mailto:Jeffrey.gronstal@idph.iowa.gov) or 242-6162.

Sincerely,

Jeff Gronstal  
Health Facilities Officer  
Division of Behavioral Health

JG/rrh

cc: Heather Adams, AG  
Substance Abuse and Problem Gambling Program Licensure Committee

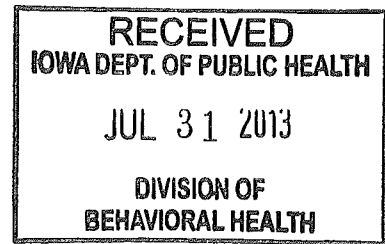
HELP CLINIC

WINNIE HALL, LMHC, ACDC

2812 COTTAGE GROVE AVE.

515-422-7570

July 19, 2013



IOWA DEPARTMENT OF PUBLIC HEALTH,

This letter is in regard to the recent proposal to revoke HELP CLINIC'S Substance Abuse license. My plan is to put together a better evaluation of client with demographics and detailed information related to the client. Also will put together a revised treatment planning, placement screening, admission and assessment to be in compliance with the Division of Behavior Health.

Also will put together treatment planning plans consistent with licensure standards. I am also requesting assistance in developing plans of action to ensure I am in compliance with the board.

My hope is that you will take this in consideration of my good faith to make necessary changes.

A handwritten signature in cursive script, appearing to read "Winifred Hall, LMHC, IADC".

Winifred Hall, LMHC, IADC